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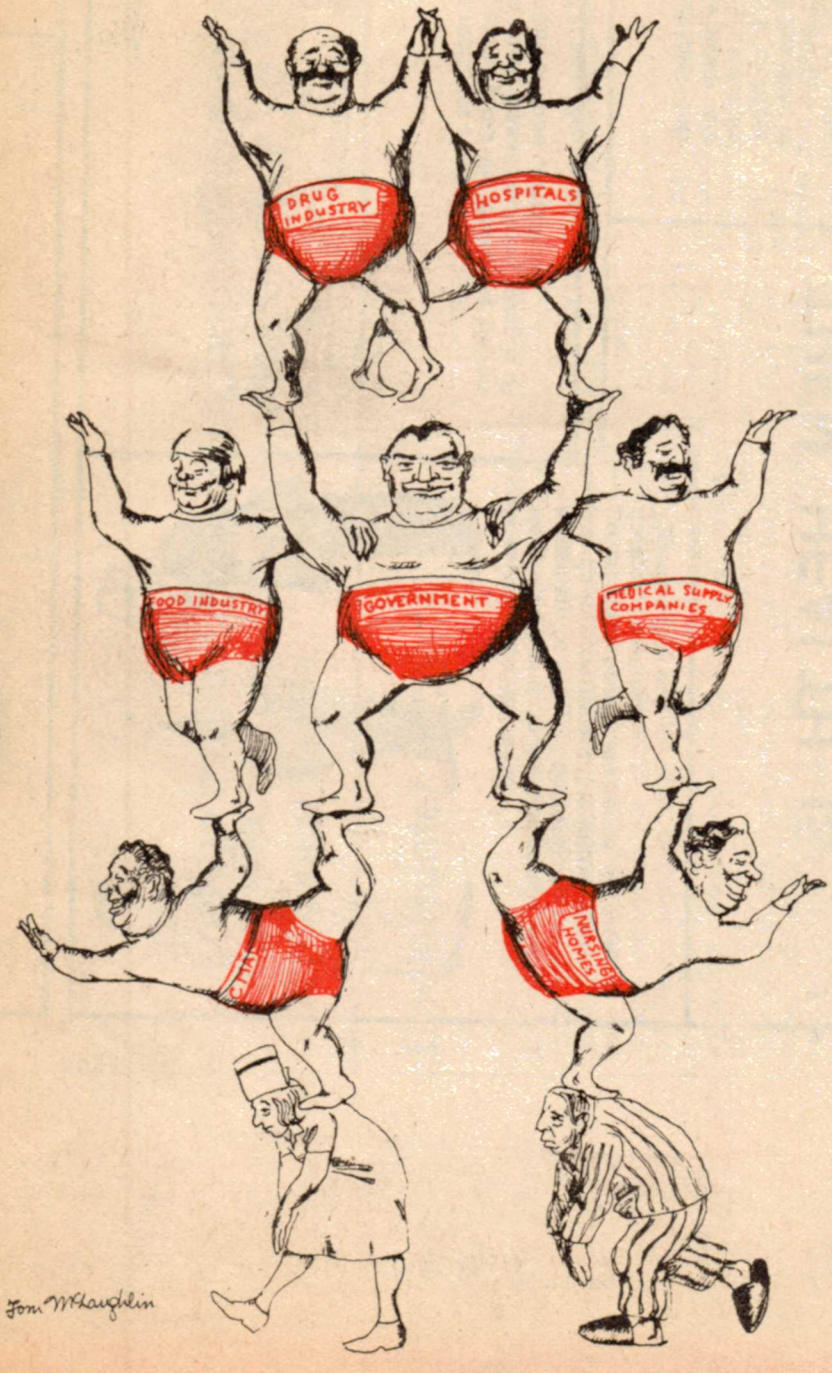
The Critical List

ISSUES IN HEALTH & THE ILLNESS BUSINESS



CONTENT OF THIS ISSUE

The Critical List

PATIENTS: OUT
DOCTORS: IN

Doctors have indisputably prevented any significant "lay-meddling" into their affairs. The government attempts to change the status-quo have been thwarted. The College calls this "self-government" and indeed it is.

ORIGINAL LEGISLATION

On June 28, 1972, the Ontario Legislature tabled "Legislative Proposals for the Health Disciplines Act." This legislation would have given the proposed Board of non-medical people power over the professional Council.

The College of Physicians and Surgeons of Ontario revealed its opposition to this bill in an article in a Special Supplement to its January 1973 Report stating that its "...Executive Committee was seriously concerned by a new section which made the term self-government as applied to these five colleges meaningless." Their guile was revealed in the College's August 1973 report. The College of Physicians and Surgeons along with the Colleges of Dentistry, Nursing, Optometry and Pharmacy objected strongly to the Board being given the authority "to make regulations under the Act, and where there is a conflict between a regulation made by a Council and a regulation made by the Board, the regulation made by the Board shall prevail." The inevitable result has been the total omission of this section from the current version of Bill 22, the Health Disciplines Act, 1974.

STATUS QUO

Dr. William St. George Metzler in his presidential address at the Annual Meeting of Council April 29 to May 1, 1974 admitted: "the Health Disciplines Board, which was to have been a powerful regulatory board of laymen, will now be an appeal board to hear appeals from decisions of the Registration and Complaints Committees, but not from the Discipline Committee; the regulatory power will rest with the Minister of Health and the Government **as in the past**." (our emphasis).

Tom McLaughlin

This subterfuge has been taking place over a period of 3 years, but has not emerged till now. Also omitted are many important functions originally proposed for the Board. It is easy to see why the College was threatened by the intervention of lay people.

CHANGES

The following clauses have been **removed entirely:**

- the ability of the lay board to "request or require Councils to undertake activities ... to carry out ... this act"
- the ability of the lay board "to call meetings with Councils" and its committees.
- the ability of the lay board to direct Councils with respect to the implementation and enforcements of their legislation and regulations.

The following duties of the lay board have been transferred to the duties of the Minister of Health (certainly more a friend of professionals than lay):

- to insure that the activities are regulated and co-ordinated in the public interest
- to encourage appropriate standards of practice
- to insure the rights of individuals to health services
- to require Councils to provide reports and information
- "to review or comment on proposals by a Council for changes in legislation or regulations of concern to that Council"
- to give advice and guidance to Councils with respect to proposed implementation and revision of by-laws
- to review legislation about the provision of health services

The following duties of the lay board have not only been transferred to the duties of the Minister of Health but have also been changed as follows:

- the original proposal to "review and

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Hope for Schizophrenics In Orthomolecular Medicine

by Abram Hoffer, M.D.

One of the major criticisms hurled against orthomolecular medicine (psychiatry) is that the treatment has been steadily improving.

CRITICS

Our critics claim that because our treatment is evolving it is impossible for them to keep up and to test it. They want us to use the simple approach we started in 1952 when we had no tranquilizers and when our only useful treatment against schizophrenia was electroconvulsive therapy (ECT). Their reasoning is that clinical research does not lend itself to the faddish double blind method of testing drugs. Under my direction the first double blind studies ever done in psychiatry were completed. We had accepted the advice of our statistical colleagues, but we were also the first psychiatrists to realize that it was an expensive method of dubious value, that it had never been established on the basis of evidence or data and that it could not be used for treatment programs as complex as psychiatry.

DUD DOUBLE BLIND

However, because it served the needs of governments and research pharmacologists it was widely popularized and today remains as an expensive, useless method which absorbs millions of dollars of research funds and which is used primarily to compare tranquilizers or antidepressants, one against the other. It is a game played by everyone except by good clinicians who treat their own patients, and provides no benefit whatever to patients. Many of us now consider it grossly unethical because informed consent is impossible.

Since our critics can not use their fad method to test orthomolecular methods, they insist that our studies are not proven. They define proof as a significant difference when a double blind test is used. The argument is between those of us who treat thousands of patients successfully, using an individualized approach, and a few non-clinicians (professors, psychologists, pharma-

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Abram Hoffer, a practicing psychiatrist in Saskatoon, Saskatchewan is a world renowned pioneer in the megavitamin treatment of schizophrenia and related disorders.

Editorial

The Critical List For Critical Times

THE CRITICAL LIST
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Canadian medicine is fat and rich – and getting richer and fatter. It is also sick and getting sicker. For years its ulcers have stirred concern among increasing numbers of Canadians, while more and more doctors have felt the need for positive action.

Visions of a dim medical future implicit in increasingly dubious performance can no longer be blinked away. The need to rescue Canadian health-care from the "medical Mafia" – as some dub it – finally has found concrete expression. Result: The Critical List.

Our sweeping charges may worry you or puzzle you. Let's take a closer look at some facts.

ROSY PICTURE

Canada has about 50,000 doctors, every one the product of a teaching system we believe is second to none. A chain of modern hospitals – each crowded with staff and stuffed with flashy technology – spans our country. Food processing is cited a major Canadian industry. Our drug manufacture rivals the world's best. Assorted medical services – count them! – tempt us on all sides. Canadians, we are told, are the envy of the western world.

As if to keep us cheering our great good fortune, press reports of surgical marvels, of new wonder drugs and brave new research projects, are an everyday event. Everything seems rosy.

WHY?

Why do men, women and children fill those glamorous hospitals in ever-increasing numbers?

Why do federal statistics show rising percentages of mental illness, of suicide, of juvenile aberrant behavior?

Why have deaths from cancer, from heart disease, continued to climb? Why has VD leaped to the level of a runaway epidemic?

Why, above all, do we face a reversal of our boasted high life expectancy?

The full list of questions is long and scary – will grow longer and scarier. So what's it all about? Is medicine sick? And if sick, is it to blame for its own sickness? Part of the answer lies in medicine itself. But the critical answers lie elsewhere.

WHO IS THE CULPRIT?

No, medicine as such – the practice of healing, of care – is not the sole culprit. Nor is medical research. Nor even "science" – the bugaboo of pop sociology. Certainly not those many doctors who practice their profession with dedication and restraint. The final blame lies elsewhere.

It lies with those tough socio-political pressures which shape and influence our institutions. It lies with the profit motive – Canada's most celebrated virtue. It lies with a culture that slowly has changed medicine – this most human of the sciences into something less than itself. Medicine, which for a generation groped toward a symbiotic partnership with its natural enemy, Big Business, is today in the last stages of achieving exactly that! In a word: medicine is in danger of becoming Big Medicine.

For Canadians this process continues to provide an increasingly traumatic experience. Powerful and destructive forces, because of it, blight the lives of millions.

GIANTS

Food giants, as one result, feel free to churn out poisonous, devitalized, pretty-packaged junk with no fear of reprisals. Illness, damaged lives, premature deaths follow in its wake. Protest from medicine, if any, remains token.

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THE CRITICAL LIST

A word about our name. Why *The Critical List?* Our choice is perhaps self-evident, but we'll spell it out just the same.

Critical because we know that the health of Canadians – and especially those who must work for a living – is in critical condition. Health statistics for Canadians compare shamefully with the rest of the so-called developed world.

Critical because the health-care system now supposedly taking care of us is itself in critical condition.

Critical because criticism can be positive. Bethune said, "the function of the artist is to disturb." Criticism and self-criticism is necessary to change and improvement.

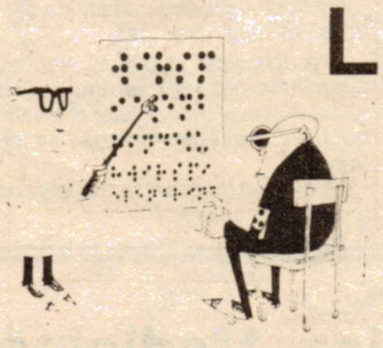
Critical List because we feel that not only patients have to be placed on such a list.

Critical list because our analysis of the health care system in Canada will be based on listing and documenting hard facts.

We, The Critical List and everyone connected with it, are people involved one way or the other in health. We are doctors, nurses, hospital workers, nutritionists and specialists. We are patients and workers, professionals and laymen, men and women. We include people from many walks of life. What joins us is our wish to divert medicine from its present dangerous course, to develop new approaches to health-care, to bring medicine – literally – back to earth.

We are a group of people who have had extensive experience in the alternate health movement. We have seen the inadequacies of only providing a service, even if it is alternate to the establishment. We have found that providing a service alone will not solve the problems in health. We can only provide a very small percentage of the total services needed throughout the country. Providing a service often only takes pressure off the establishment by doing work that is their responsibility. What is the sense of patching people up when the causes of their problems keep pumping out more disease? We must address ourselves to these causes. Poor nutrition, oppressive jobs, air pollution, toxic chemicals come to us courtesy of the industrial system. Liberation will come from awareness and action.

LETTERS



The following are letters to the editor even though this is the first issue of the Critical List. From all over North America, we received a very gratifying response to our initial announcement brochure and poster. It has assured us that there is a definite need for such a publication. We would like to thank all those who have written or taken out advance subscriptions.

We are also very interested in feedback and criticism on this first issue.

Dear People,

Do I qualify as a prisoner? I'm passing four years at McGill?

Do I qualify as a mental patient? I'm studying medicine.

I would appreciate receiving your critical literature! (Free for the moment)

Allen Fein

You qualify in our books (medica of course). We've had the same feelings. Ed.

To: THE CRITICAL LIST

We have just received your mailing on your first issue. We would like very much to receive a copy of the issue and are interested in the possibility of exchanging subscriptions. I am enclosing a copy of our newsletter, HEALTHRIGHT.

Yours,
Diana Parness
HealthRight
Women's Health Forum, 175 5th Ave.
New York, New York

Gentlepeople:

While at Orpheus, "an alternative educational facility," in San Francisco, I spied your flyer giving info about THE CRITICAL LIST and I liked it, what you're doing.

I lead groups (small) in what I call BODY WISDOM, and would appreciate a copy, past or current, of THE CRITICAL LIST to read and show to others.

When my financial situation improves (I'm not "working," have been ill for 3 years with hypoglycemia and skin cancer. My various "trips," medical, nutritional, psychic, might interest you?).

I'll send you some money (am paying off doctors in small monthly instalments)

Thanks very much! Best wishes. Cheers!

Carol C. Boyd
1048 Curtis St.
Albany, Ca. 94706

Forget the money to us and the doctors. We'll place you on our free subscription list. Ed.

Dear People:

Just received your flyer for THE CRITICAL LIST. Sounds like a great magazine which we would like to get here. I am working at a GI centre here on Okinawa. Our funds are rather limited. What we do here is offer free legal counselling, put out a bi-weekly paper and just remain available to GI's to talk, etc. So, enclosed is $4 which we hope will help you out some and start us receiving your magazine. I am interested as I am trained as a practical nurse. Also, we like to know what is happening in all aspects of other groups' struggles. I am sending news of THE CRITICAL LIST to people who may be interested. Good Luck.

Sincerely,
Kathleen M. Martin
USCG LORAW STA
Box CG
FPO Seattle, 98770

Dear Friends;

Please sign me up for a year's subscription to what looks like a marvelous publication. Great name, sound, intriguing contents, and a badly needed focus.

Good luck,
June Callwood

Thanks for the boost, June. Ed.

Political Issue

Vitamin C DOES Heal Despite Medical Blackout

by Jerry Green, M.D.

My relief in graduating from medical school was lessened by a sense of disappointment in the treatment methods taught to me – mainly toxic drugs and mutilating surgery. I knew there had to be better ways and was determined to find them.

Before beginning a straight internship in psychiatry, I had lived in communes where only natural foods were used. Some of my friends in the alternate culture were devotees of Adelle Davis and her cogent arguments for the use and proper preparation of natural foods and vitamins. I realized when I studied her work that what she had done was to simply pull together, to review and summarize research that had been published in reputable medical and nutrition journals. An entirely new perspective was open to me – a fresher approach to the treatment of the same diseases and medical problems than that traditionally taught to me in medical school. Excited by the possibilities, I began my parallel studies of psychiatry, nutrition and vitamin C.

LINUS PAULING

From Adelle Davis, I quickly progressed to the writings of Linus Pauling. His book[1] *Vitamin C and the Common Cold* (W.H. Freeman, 1970), stirred much controversy. He too had investigated and reviewed the many existing studies and papers on Vitamin C, and highlighted four double blind studies.[2,3,4,5] These double blinds (where a control group is given a placebo and the second medication are considered by Western scientists to be a necessary condition to prove the value of a treatment. There is much discussion as to the advisability and feasibility of such studies. The medical profession argued that since Pauling was not a medical doctor, he could not possibly know anything about medicine. Your average GP, routinely dispensing antibiotics to 40 or 50 patients a day, knows more, they claimed.

FALSE STATEMENT

After the publication of Pauling's original book [1] there arose a most interesting backlash by our establishment friends. Eighteen days after the publication, a review appeared in The Medical Letter (December 25, 1970), a non-profit publication for physicians published by Drug and Therapeutic Information, Inc., New York. It read: "... a controlled trial of the effectiveness of vitamin C againt upper respiratory infections must be conducted over a long period and include many hundreds of persons for meaningful results. No such trial has been performed." This statement was false for Pauling *had* indicated controlled trials. The study by Cowan, Diehl, and Baker,[3] for example, was a controlled study that showed a statistically significant protective effect of ascorbic acid in comparison with a placebo; it was conducted over a long period (28 weeks), and included hundreds of persons (363).

The Medical Letter, in a second article states its reasons for rejecting the results of this same study: (1) that the study was not double-blind, despite Dr. Cowan's declaration that it was; (2) that allocation of subjects to the ascorbic acid group and the placebo group was not randomized, ignoring the investigators description of their method of randomization in their paper

Consumers Reports is supposed to be an unbiased, consumer oriented magazine which claims to examine and test products on the market. It failed to describe any tests that it carried out to determine the value of vitamin C in decreasing the incidence and severity of the common cold. It simply relied on the false and misleading statements in The Medical Letter, and also falsely stated there were no controlled trials including hundreds of persons and conducted over a long period.

TORONTO TRIAL

A Toronto doctor, Terry Anderson, wrote in the *CMA Journal* [11] "Vitamin C and the Common Cold: a Double Blind Trial," that his study showed that subjects receiving the vitamin experienced approximately 30% fewer total days of disability than those receiving the placebo and that there was a statistically significant difference between the two groups in the number of subjects who *remained* free of illness throughout the study period. Despite this, Anderson ends with "... until more information is available, ... we do not feel that any firm recommendations can be made concerning the place of large doses of ascorbic acid in the prevention and treatment of colds or other acute infections." After 40 years research and even a study in Toronto, he still wants more information. So?

So, Anderson has recently finished another study in which he shows that people who took vitamin C were off sick 30% fewer days than people who didn't, and that vitamin C users had about 10% fewer head colds. It will be interesting to see what conclusions he will draw from this one. Since Dr. Anderson is well respected in the traditional medical clique, some attention had to be paid. If I had written the exact same article, I'm sure it would have been completely ignored, or contradicted.

Now at last, Toronto doctors have to concede that there is a role for vitamin C in the common cold; and indeed, the rest of the slumbering North American medical community has also begun to change its mind. Cautious protectors of the public health that they are, they feel further study should be done. They raise the question of harmful effects. Purely on the basis of theory, with no back-up double blind studies, they say that vitamin C causes kidney stones. They theorize that the vitamin would acidify the urine and precipitate stones in predisposed individuals. The medical establishment having been forced to change its mind is not going to give up the battle easily.

SELF-HELP

I began to take vitamin C myself in an attempt to decrease my frequency of colds. For many years I've had an allergic rhinitis – a great inconvenience. A short while later I noticed that my nose had stopped running. Now when this happened I didn't connect it with the vitamin C because I was taking C for colds, and Pauling had not mentioned that vitamin C acted against allergic rhinitis as an antihistamine. When I read Irwin Stone's book *The Healing Factor*, the connection became clear. Now my nose is clear and stays clear as long as I take 3000 mg. of vitamin C daily.

Dr. Abram Hoffer referring to the continued "C Controversy," has said: [These critics] use two sets of logic. Before they are prepared to look at Dr. Pauling's hypothesis, they demand the most rigorous proof, but when arguing against his views, refer to evidence of the flimsiest sort for the toxicity of ascorbic acid."

KEEP THIS MEDICINE OUT OF REACH OF EVERYBODY!
USE ASCORBIC ACID INSTEAD!

TO PREVENT A COLD:

Take 1,000 to 4,000 mg. vit C per day (tablets or powder;1 tsp = 4,000 mg.) (preferably in divided doses with meals).

TO TREAT A COLD:

(1) Take 1,500 to 2,000 mg. vit C at the first symptoms of a developing cold. (sniffles, scratchy throat, etc.)

(2) Take 1,500 to 2,000 mg vit C every 20 to 30 minutes thereafter

(3) Usually by the third dose the virus has been effectively inactivated, and usually no further cold symptoms will appear. If cold persists, continue (2) as above.

(4) Watch for any delayed symptoms, and if any become evident, take further doses.

(5) If the start of this regimen is delayed and it is instituted only after the virus has spread throughout the body, the results may not be so dramatic. Therefore take 1,500 to 2,000 mg. every hour or so.

(6) Tune into your body and adjust the dose and frequency to how you feel.

SCEPTICS SCOFF

Irwin Stone in his recent book, *The Healing Factor*, reviews the last forty years of research on vitamin C, much of this from the "standard" medical journals. He shows how vitamin C acts as an excellent antibiotic (viruses and bacteria), antihistamine and healing factor. By reviewing research already done, he shows the beneficial use of C in the treatment of the common cold, virus infections, bacterial infections, heart disease, arthritis, aging, asthma, allergies, hay fever, stomach ulcers, diabetes, hypoglycemia, and cancer. The sceptics scoff at the many claims, but it is important to remember that all vitamins are found throughout the body and participate in almost every biochemical reaction. This suggests that vitamins have far reaching effects with certain vitamins being useful in specific areas.

CANCER AND VITAMIN C

Of particular hope is the use of vitamin C in the prevention and treatment of cancer. One study [12] by W.G. Deucher in Germany found the use of 4 grams of ascorbic acid daily had a remarkably favorable effect on patients' general condition and increased their tolerance to X-rays, while another study [13] by von Wendt in that country, used 2 grams of ascorbic acid a day combined with large doses of Vitamin A and reported favorable effect. Still another study by Schneider [14] used ascorbic acid, 1 gram daily in combination with vitamin A to arrest cancers and found it to be more useful againt epitheliomas rather than sarcomas. A review of the work conducted by A. Vogt [15] on ascorbic acid in leukemia cited twenty-one references. Stone suggests that better results could be achieved by even higher doses orally and intravenously, and some practitioners are starting to do this.

HEALTH AND PROFIT

This battle typifies the nature of health care and the society of which it

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REFERENCES:
(1) Pauling, Linus, Vitamin C and the Common Cold (W.H. Freeman) 1970
(2) Ritzel, G., Ascorbic Acid and Infections of the Respiratory Tract, **Helvetica Medica Acta** 28, 1961
(3) Cowan, D.W., Diehl, H.S., and Baker, A.B. Vitamins for the prevention of Colds, **Journal of the American Medical Association** 120, 1267, 1942.
(4) Wilson, C.W.M., and Loh, H.S., Ascorbic Acid and Upper Respiratory Inflammation, **Acta Allergolica** 24, 367, 1970.
(5) Franz, W.L., Sands, G.W., and Heyl, H.L., Blood Ascorbic Acid Level in Bioflavonoid and Ascorbic Acid Therapy of Common Cold, **Journal of the American Medical Association** 162, 1224, 1956.
(6) Pauling, Linus, **Vitamin C and the Common Cold** (Bantam)
(7) Stone, Irwin, **The Healing Factor**, (Grosset and Dunlap)
(8) Regnier, Edme, **There is a Cure for the Common Cold** (Warner)
(9) Davis, Adelle, **Let's Eat Right to Keep Fit** (Signet)
(10) Klenner, Fred R., **The Use of Vitamin C as an Antibiotic, Journal of Applied Nutrition**, 6, 274, 1953.
(11) Anderson, T.W. et al, Vitamin C and the Common Cold: a Double-Blind Trial, **Canadian Medical Association Journal**, 107, 503, 1972.
(12) Deucher, W.G., Vitamin C Metabolism in Tumor Patients, **Strahlentherapie**, 67, 143, 1940.
(13) von Wendt, **Zeitschrift fur die Gesante Innere Medizin und Ihre Grenzgebiete** (Stuttgart) 4, 267, 1949.
(14) Schneider, E., Vitamin C and A in Cancer, **Deutsche Medizinische Wochenschrift**, 79, 584, 1954.
(15) Vogt, A., Vitamin C Treatment of Chronic Leukemias, **Deutsche Medizinische Wochenschrift**, 66, 369, 1940.

Dr. Jerry Green is a Toronto physician who has been involved in community health centres for many years. He is currently involved in alternate methods of treatment, media work and the politics of the health care system.

U.S. Medicine 'Racist, Materialistic, Dehumanized': Student Quits

by Chip Smith

This is a reprint of a classic letter sent to the Dean of Pennsylvania State's Medical School by Chip Smith as he was about to enter his final year of "indoctornation."

After having successfully completed three years of Penn's physician training program, I am leaving the school. The reason for the separation is straight forward: to continue at Penn. is to continue exploiting poor people, primarily blacks, for narrow educational ends. The human measure of this exploitation is brutality.

All of your medical mythology – your rationalizations, little better than lies – works to blind us to the ugly reality.

The doctor-patient relationship practiced in your hospitals, which you expect me to honor and emulate, is a brutal relationship. It is true that every one suffers.

1. Medical students: kept off balance, made to feel guilty about their lack of knowledge, constantly caught up in meaningless busywork.

2. Doctors: overworked, secure only in their professional image, harassed by patients and workers whose hostility they will never understand.

3. Patients: rich and poor alike, ignorant about their own bodies gone haywire, fearful of death, desperately struggling to believe in their white-coated saviors, trapped in an environment that is death itself made visible – sterile, efficient, uniformed, mechanical, all warmed over by a reassuring, bedside-manner smile.

Everyone suffers: But the fact remains that the poor, especially the blacks suffer more.

And I have had my fill of putting it to blacks. I learned to draw blood on old black ladies. I learned to do pelvics on young black women. I learned to do histories and physicals on black bodies and on a few wrinkled and run-down white ones.

Now in order to learn something about primary care, about long-term outpatient care, I am faced again with waiting black faces in the hospital clinics. I am forced to participate in a system providing fragmented, second rate care in the present, while loudly proclaiming the best possible care for future patients (mostly white, suburban folk, of course – that is, if you don't end up having no patients at all, as in research, public health or administration).

Medical barbarism ... it permeates hospital life. Needless tests, justified on educational and experimental bases. Poorly supervised procedures, repetitive examination ... "you only learn by your mistakes – the more you make, the more you learn." (And besides, almost all the needless pain and stress falls on ward patients, mostly blacks.)

Endless technical discussions at the bedside, the patient excluded except for necessary information, a piece of meat to be thumped and prodded and exposed – all in the name of high quality scientific care.

It's a farce. And a drag. And it's brutal.

That's why I'm leaving. Our struggle over the past three years has opened me to every rationalization and just about every threat that is tied into your training process. In leaving, I am not giving up that struggle. We will see each other again in the months ahead.

Only as your power is destroyed will our society develop a health sector committed to health and human worth – as opposed to its present committment to exploitation for personal and professional class gains.

Yes, it's a brutal system – a brutal, racist, materialistic, professionalized, credentialized, technologized, dehumanized system. The American way, a white-washed health-care system in a brain-washed society. Vietnam, Bolivia, starvation, pollution: they all begin at home, baby. Those worldwide crimes are acted out each day inside our hospitals, right before our eyes.

To date you have escaped notice as you and the other university medical centres have quietly moved into the areas previously controlled by the AMA. But your sand-castled visions of the future will crumble as the struggle takes shape in the coming years.

Enjoy your liberal, well-meaning concern and your fatcat comfort awhile longer. But know that the time is limited. The people will surely win.

Mildred Wyman is a free-lance writer of both fiction and non-fiction interested in writing health-related articles for laymen.

Canadian Comment

by
Mildred Wyman

Could the free and critical spirit of a Chip Smith (see: **Why I Quit Medical School)** survive in Canada? **The Critical List** sent this reporter to the University of Toronto Medical School to discover if our 'All Canadian' would-be-medics continue to play the charade of "Learning to Be a Doctor."

Considerable investigation exposed many sensitive nerve ends. Students here are just as isolated, frustrated, and over-worked as their American counterparts, with just as much time spent on acquiring a monumental knowledge of medical and pseudo-scientific trivia. The Canadian Medical Establishment differs very little from that of the U.S.A. The process of medical education, the societies' systems and institutions are totally interchangeable.

There is much undisputed evidence of discrimination by males against females; by whites against

blacks and Asians; by Christian against Jew. Examples, substantiated or not, freely float about. The male chauvinistic attitude of the majority of lecturers and professors is legendary.

RACE WARDS

Most of the medical students here have the same type of middle-class background as Chip Smith's fellow-meds, but lack the exposure to the black ghettos of the large U.S. cities. Although the attitudes of staff to patients are much the same, our existing medical and hospital plans provide people of all groups with ward beds, so that the bulk of public patients are of mixed ethnic background. In essence they are all blacks whether their skin is white, beige, yellow or black, and language English, Italian, Portuguese or French. Substitute for "blacks" the word "ethnics" or "poor people" in Chip Smith's letter of resignation and it could have been written by any medical student in any Canadian university provided that he had the heart and courage of a Chip Smith. Perhaps the tragedy is that it wasn't written here. Although the students all had complaints to offer privately, few would come forward publicly and all refused quotes for fear of faculty reprisals.

Family pressures and a yearning for an elitist position with its attendant prestige and financial rewards, combined with the early programming in school of "learning without questioning" and "memorization rather than understanding," have isolated these young people into the giant clique of the elite, where there is no room for the non-conformist.

TOMORROW'S DOCTORS

One cannot dismiss lightly the many inadequacies of the teaching staff, the teaching systems and attitudes existant in the medical schools. These inadequacies directly influence health care in the Western World. New theories tend to be ignored, or highly discouraged, i.e. vitamin therapy, radical psychiatric therapy, and acupuncture. Of course, students have always complained, and hopefully they always will; only in this way can change come about.

It is time to change the concept of the doctor from "The Great White God" to that of "Guardian of The Peoples' Welfare" – a human being who eats, loves and dies, just as the patients to be cared for. We need doctors trained in the ways of survival: preventive medicine, environmental diseases, technological stresses and nutrition. A doctor should not have to choose between "making a living" *or* research. Adequate research funds should always be available.

Our doctors of tomorrow will only be as good as the medical schools will allow them to be. Take a good look at the doctors today, and then think of the students to come. What kind of medical schools will you have them attend?

Patients: Out; Doctors: In (Cont'd)

Continued from page 1

supervise the activities of Councils" was changed to "inquire into or direct ... to inquire into ... the practice of (the) health disciplines"

– the original proposal to "request or require a Council to make regulations" was changed to "request a Council to make ... regulations"

POLICE OR PROTECT?

Without a license, a doctor cannot write a prescription or collect health insurance fees. A doctor's nightmare is the loss of license. The Colleges of Physicians and Surgeons in each province exist for the purpose of licensing their members, receiving complaints and dealing with them by standards set by themselves, policing doctors through fines, censures or loss of license. Obviously, the Colleges wield immense power.

In essence, the policing functions of the Colleges serve to protect the traditional doctors and effectively weed out the "mavericks". Complaints against the former can easily be thwarted while charges against the latter can be pursued to the fullest degree. While most convenient for the medical profession, this is disastrous for the patients, who while they can complain of their grievances, soon discover that they stand little chance of redress.

The Ontario College's own statistics on complaints states that between April 1973 and October 1973, of 312 written complaints only 56 continued under active investigation, 7 were referred to the Complaints Committee and 4 referred to the Inspector. Of course gestures are made to make it seem that complaints are being investigated - but it is mostly a closed system.

HAND IN HAND

The government must be criticized for allowing the doctors to change the original legislation. The professionals and government are often one and the same. Dr. Richard Potter as Ontario Health Minister is one example. Although these two groups may occasionally be in conflict, they generally act together in the interests of themselves and the ruling class – surely not in the interests of the people.

If you as a lay-man object to the duplicity practiced by the professionals - it may still not be too late to make your voice heard (e.g. to your MPP). This same type of action will inevitably occur with much greater ease in the future if this is allowed to happen here. We would hope it is still not too late to stop Bill 22, as it stands.

Legal Food Fraud

by Ken Wyman

That nice, ripe-looking orange you bought may actually be green beneath a thin coat of food dye. The "charcoal-broiled steak" may be an inferior cut of meat, shaped and flavoured, with the grill marks painted on long before, in a fake food factory. The crunchy nuts in your ice cream cone may not be nuts at all, but *Bitsyn*, a new *Pillsbury* product. Hot dogs – perhaps the world's first fake food – are combinations of meat scraps and by-products, fillers, and chemical flavors. The list of fake foods in the market place is a long one, and Canada's food laws don't always require that you be told when you're not getting 'the real thing.'

Restaurants and institutional kitchens in schools and hospitals have long been pioneers of fake foods, egged on by the high cost of labour and fresh ingredients, rapacious food manufacturers, and the quest for profits. Full colour ads in trade magazines such as *Institutions and Volume Feeding*, and *Maclean-Hunter's Canadian Hotel and Restaurant* urge chefs to replace part of the meat in soups and stews with flavorings like *Gravymaster* or *Tureen*, and spun vegetable protein from *Nabisco*. Up to 40 per cent of the tomatoes in a recipe can be replaced with *Stange's Great Pretenders*. Roast beef, prime rib, even fancy fillet can be purchased pre-cooked and flash frozen in the factories of the *Green Giant*, *Sara Lee*, and dozens of other lesser known producers.

Often this is just a harmless way for the food service business to cut costs by using convenience foods little different from supermarket TV dinners.

You may pay five or ten dollars in a fashionable restaurant for the same beef bourguignone that is for sale frozen at your corner store. A recent survey in the United States revealed that over 35 per cent of restaurants sell frozen lasagna made outside their own kitchens, the most commonly used pre-cooked meal. The extra you pay is for the atmosphere, the service, and the night away from the kids, not the quality of the food.

This is not fraudulent, according to Canadian law. You don't have to be told on the menu, and unless you have a friend on the staff, you may never know that a succulent charcoal-broiled steak is really fresh from the micro wave oven. The widely used *Armour's Sir Broil* is advertised as "*hard to tell from a strip steak ... grill marks optional.*"

Other products found in many commercial kitchens include *Gourm-egg*, a foot and a half long loaf of hard-boiled egg from *Ralston-Purina*. *Gourm-egg* promises 75 centre cut slices with a big cross section of yolk and eggwhite in every roll.

Cheeseburgers, pizzas and omelets may never have real cheese in them. "*Unique Loaf Imitation Cheese tastes just like natural cheese. In fact both flavours – American and Mozzarella – can be used in place of real cheese*" according to an ad in *Food Service Marketing*. *Unique Loaf* is made from fortified protein and vegetable oil.

Frozen pre-cooked bacon is offered by *Instabacon*. Frozen sandwiches can be ordered from *Deli-Delite*. Salads can be ordered by the five pound bag, shredded, tossed, and treated with anti-oxidants to look fresh longer. Foods can be fried in butter flavored shortenings, like *Kaola Gold*. Restaurants can cut waste with instant mashed potato dispensers, similar to the instant coffee machines in cafeterias. They can even buy 'Cocoa that "stirs itself"' from *American Cyanamid*. Interestingly, *Cyanamid*, like many other chemical companies, manufactures a wide range of pharmaceuticals as well as food additives.

Supermarkets are also full of these new-fangled fake foods. *Kraft* has just introduced *Koogle*, a 'peanut spread' not to be confused with peanut butter. *Kraft* also markets *Funny Hunny*, a sugar syrup that looks like honey, but undercuts the rising labour cost of using live bees. *Fleischmans* sells *Egg Beaters* to replace the eggs in your diet. A half dozen companies make lemon cream pies with neither lemon or cream. And *Nestle*, *General Foods*, and *Hershy* have all introduced chocolate chips with no chocolate in them.

These fake foods, of course, are full of chemical additives. Flavors are changed, colors are added and perishable foods are preserved to last indefinitely. Careful reading of the fine print will usually tell you what chemicals you will be eating, if you get to see the labels. But all additives are not always listed on the label. Canadian food laws exempt a wide variety of food products from indicating certain additives. The presence of food color, for example, does not have to be indicated when it is used in bakery products (except brown bread), butter, cheese, confectionaries, gelatin desserts, ice cream, ice milk, icing sugar, liqueurs and cordials, sherbert, smoked fish, soft drinks, or flavored milk drinks. Any of these products may be, and often are, colored, with nothing to let even the most discriminating consumer know.

Roger Baker

Green oranges may legally be dyed to appear ripe, using a coal-tar based food color known as Citrus Red #2. the once-common practice of stamping "Food Color Added" on each orange when it was dyed has pretty much much disappeared now. The United Nation's Food and Agriculture Organization and the World Health Organization warned in 1969 that "*Citrus Red #2 has been shown to have carcinogenic activity* (that is, it may cause cancer – Ed.) ... *the Committee therefore recommends that it should not be used as a food colour.*". While it is true that the dye, primarily used by Florida orange growers (from October through December), does not penetrate beyond the orange peel, the orange skin should however never be sucked or grated for use in baking.

Fresh fruits and vegetables can be waxed or coated in mineral oil, and cheese protectively waxed. Root crops, such as potatoes, carrots and onions can be treated with anti-sprouting agents. A small amount of chlortetracycline, an antibiotic sold by prescription under the trade name *Aureomycin* can be added to raw fish, and a wide variety of preservatives can be added to preserved meat or fish, frozen fruit, cheese, and even beer and wine, without being mentioned on the label. Artificial flavor does not have to be listed when it is used in bakery products, confectionary, ice cream, ice milk, sherbert, soft drinks, flavored milk, or alcoholic beverages.

Candy can even be polished with shellac. That's right, shellac. The law

Please turn to page 6

For more information about fake foods and food additives, read Eater's Digest by Michael F. Jacobson, Doubleday - Anchor paperback, $2.15; Consumer Beware by Beatrice T. Hunter, Bantam paperback, $1.95; Chemical Feast, by James S. Turner, Grossman Paperback, $.95

Roger Baker is a London artist.

Ken Wyman, editor of The Critical List and a former chef, has worked in restaurants from coast to coast. He has also worked in a community health centre, in London, Ontario.

FOOD FRAUD *(Continued from page 5)*

allows up to 0.4 per cent shellac on any confectionery - or with waxes like Carnuba, currently advertised on TV as a furniture polish.

You'll never know which foods are the fake foods, and which vegetables and fruits are really under-ripe and wearing disguises, unless the food laws are changed.

"Truth-in-Dining" laws were proposed in the legislature of California, and in the San Francisco city council several years ago. These proposed laws – eventually quashed by the restaurant industry's lobby – would have required menus to indicate which items were frozen and prepared off the premises, rather than freshly made.

Thousands of people with allergies to food additives are painfully aware that changes in the laws are needed to require disclosure of all hidden chemical ingredients, in any foods. The practice of listing dozens of chemicals under a general label, such as 'food color' or 'artificial flavor' is particularly inconvenient for people allergic to only one or two chemicals, but forced to avoid a wide range of foods because of inadequate labelling.

The Canadian *Food and Drug Act* lists approximately 480 additives that can be used in, or on your food. A few of them can be used only in small quantities, but the use of many is only limited by "Good Manufacturing Practice." A few, like Citrus Red #2 are known to be dangerous, and should be banned. On many, the investigations into possible dangers to humans are incomplete. Without question, the consumer must win the right to know each and every time a chemical is added to a food product. Anything else is fraud ... legal or not.

Time & Readers Digest: Out

Time and Readers Digest have enjoyed special status in this country too long. Our government has seen fit to allow the cost of placing advertisements in these two magazines to be income tax deductible even though these mags are essentially controlled and financed in the United States. This has resulted in a virtual monopoly of the Canadian magazine market and has all but prevented small Canadian magazines like us from competing with these giants from the south.

As a member of the Canadian Periodical Publishers Association, we support Bill C-58 which will remove subsections 2 and 4 from section 19 of the Income Tax Act. This will effectively remove the special status.

Time and Readers Digest are looking for loopholes to circumvent this legislation. Help us in this struggle, dear reader and advertiser.

'It finally happened. Ethylene gas, which is used to "ripen" tomatoes picked green, is also used on bananas. An air-tight truck filled with bananas in an atmosphere of ethylene gas exploded recently in Tokyo. Five pedestrians were knocked down by flying bananas. Observes food author Waverly Root: "This was possibly the only time that unripe fruit has caused damage when applied externally instead of internally."'

-from Organic Gardening and Farming, April, 1975

EDITORIAL *Continued from page 2*

The drug giants feel equally free to conduct open chemical warfare against the nation. Killer drugs, crippling cosmetics and disabling "cures" strike at undefended men, women and children with impunity. Casualties zoom, almost matching profits. Medicine, mostly silent, does little.

With few signs even of simulated concern, bloodless multinationals today feel free to dirty our lands, four our air, pollute our waters. Our planet's ecological balance, on which life itself depends, continues under assault. Medicine drags its feet, looks the other way, mumbles.

Legions of researchers, M.D.'s, medical academics – others – today hire out as well-paid hucksters of Big Business. Devoid of professional conscience, they cheerfully peddle the lethal brews cooked up in corporate kitchens – and ask for more.

Canadian hospitals have come to resemble factories, cutting costs and scraping the market for the last dollar. Psychiatry continues its high-priced guessing games at great cost to a suffering public. Frills, fads, redundant specialisms, surgical stunts proliferate like rabbits in the springtime. Cost of medical care, in the meantime, breaks free of effective public control. Health insurance pays out; the public pays in – and pays and pays ...

BIG MEDICINE

Push-button drug-oriented medication steadily replaces rational treatment. Preventive medicine hardly exists. Doctor-induced diseases run wild, grafting medical service onto medical profit in a neat exponential rat race with the sky the limit. Big Medicine, impersonal and alienated, converts the doctor-patient relationship into that of buyer and seller – the buyer at the short end, natch. It succeeds even in hiding its face from the victim: the new PR mystique introduces Super Doctor as master of all disease when in fact he's anything but. Having traded in the Hippocratic oath for something more tangible, Big Medicine is happily banking the difference.

Big Medicine is more and more linking arms with Big Business, though the process – luckily – is far from complete. As junior partner, it remains chief beneficiary of Big Business vandalism. Big Medicine today prospers beyond its wildest dreams. Its political needs accordingly have grown, sprouting extended functions aimed at preservation and protection. Today Big Medicine polices its closed-shop privileges with ever-fiercer energy. Ensconced behind dead slogans and ritualistic hangovers, it is ready to defend its new power at the drop of a bond. With more at stake, it is armed to resist every challenge to its monopoly; ready to battle change and progress whenever – wherever these threaten. For Big Medicine the "betterment of man" means the betterment of Big Medicine. Period.

And the people – the victims – what of them? Increasingly caught up in a network of harmful, depersonalized, exploitive medical "services," shunted by servile government bureaucracies, completely at the mercy of the families who run the food and drug empires, our people are in deep trouble. They face the gravest dangers, and urgently need support.

And this is where we, The Critical List come in.

The Critical List is directed primarily to patients, workers, consumers and partly to health workers and professionals. It is not intended to be an in-journal for a select few. We have chosen this emphasis because we believe in the necessity of helping to educate large numbers of people. We feel this is the first step to any significant change in our health. By doing this, we hope to help the development of the health care movement in Canada. There are fragments of this at present. We hope to encourage a union of the fragments and an exchange.

The Critical List will feature facts on the important new developments in health care, well researched exposes of the medical industry and news of medical information people need to keep healthy.

Some of these facts will be provided by our own relentless investigative journalism while others will be provided courtesy of the system itself.

The Critical List proposes to fight in all areas connected with Canadian health. We plan to battle for patients' rights, for curbs on the big-time drug and food swindlers, for total defeat of the polluters, for the rout in medical practice of every reactionary anti-social trend. We propose to fight for updated nutritional education, for innovation, for the right to control our own health, for an unmedicated society in which universal good health is the norm.

PUBLISHING INDUSTRY

There isn't another magazine like this in Canada. Part of the reason lies in the fragmentation and infancy of the health movement. Part of the reason lies in the state of the publishing industry. Canadian book and periodical publishers have always had a hard time just breaking even as a result of the competition from American big business. Especially in the Canadian periodical publishing industry, the market is dominated by the American glossies on the newsstands. The large distributors of magazines are mostly American and are usually unwilling to distribute a (relatively) small Canadian magazine. Indeed the biggest problem is with distribution, getting the information to the people. The beginnings of challenging this monopoly is happening with the 100 member Canadian Periodical Publishing Association (of which we are a member). It will soon be starting a distribution system where book stores, health food stores, libraries and others will be able to check off which of the 100 or so Canadian periodicals they would like. There will be one purchase order, one shipment and one bill as opposed to the preent situation where each periodical must contact each book store across Canada resulting in separate orders, separate shipments and separate billing.

MASS MOVEMENT

For our efforts we don't expect the medical establishment, or the corporations, to strew flowers in our path. From the white-gowned chiselers, from the myth-mongers – from every environmental polluter and food poisoner – we expect nothing but opposition. From the swarm of faithless, ruthless, profit-hungry parasites who abuse science and misuse industry, who cash in on the sickness and misery of millions which they help perpetuate – from such as these we expect last-ditch resistance.

Our purpose is not to make trouble for its own sake. Our purpose is to raise the awareness of people so that they may act together to change this oppressive system. If the result of this is "trouble" for the health professionals, businessmen and bureaucrats who cling to the old, then that is too bad!

From all honest doctors, from serious health workers everywhere, we expect a sober hearing. Much more, in fact: from this direction we anticipate the strongest support. From you – from that great majority of Canadians, the chief victims of Canadian malpractice and malfunction – we look forward to a firm welcome and steady, growing support.

It is our hope, above all, that through our efforts the many existing tendencies toward a health-care movement in Canada will be re-directed into a powerful, united national health movement for public action on a mass scale.

Our Lungs, Your Smoke, Their Profit

And Who Is Going To Pay For The Funeral?

by Ken Wyman

Whether you smoke or not, cigarettes are dangerous to your health. Now chances are you don't smoke. Fewer than half of Canadian adults do. Chances are also good that several times a day you come in contact with someone who is smoking. You become a "second-hand" smoker, unwillingly inhaling the fumes of other people's cigarettes.

If you're the 'one out of ten' people who has a respiratory allergy, you may start coughing or wheezing when someone lights up near you. Your eyes may get itchy and red. You may even feel a little dizzy. But it's what's inside that counts. In a smoky room, even a non-smoker may be inhaling the equivalent of a pack a day.

The effects of inhaling that much smoke are well known. About 5000 people die in Canada every year from lung cancer. Seventy per cent of these cases can be attributed to smoking, according to a physician with the Ministry of Health and Welfare in Ottawa. 2,600 die from emphysema. 48,000 from heart disease.

These statistics about death and disease are only one side of the story though. Tobacco is more than an addiction. It's an industry, a highly profitable business!

"Consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints."
-Sir William Osler

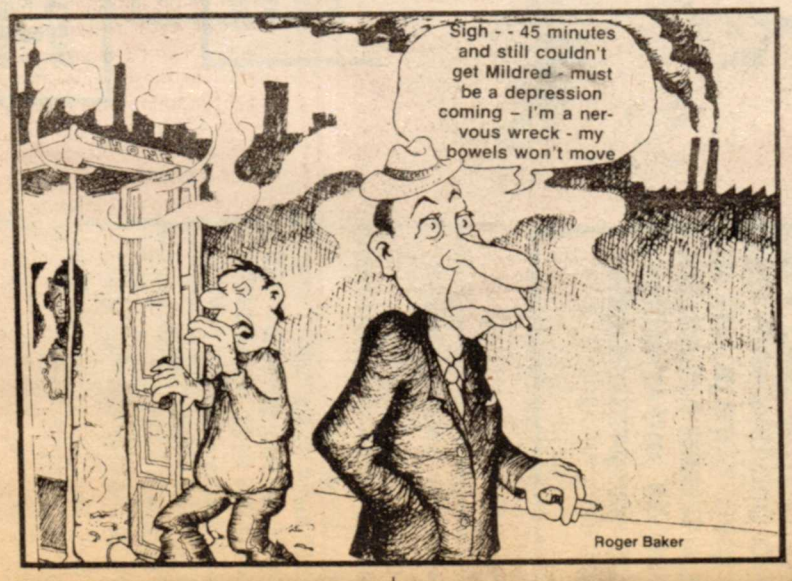
●

"The wretcheder one is, the more one smokes; and the more one smokes, the wretcheder one gets – a vicious circle."
-George Louis Palmelo Busson DuMaurier

GROSS PROFITS

In 1974, Canada's tobacco manufacturers grossed $1.5 billion, about $215 from each and every smoker. They made a profit of $5 million. At the same time the federal and provincial governments took in $720 million in taxes on tobacco. A lucrative field for the four multi-national corporations involved, and the government as well.

The largest of these companies is **IMASCO**. **IMPERIAL TOBACCO**, its chief subsidiary, makes 23 of the 50 brands of cigarettes available across Canada. In addition to Imperial, Imasco owns **TOP DRUG MART'S** 40 stores, 280 branches of **THE UNITED CIGAR STORE/INCLINATION SHOPS**, 19 sporting goods stores, **TIC TAC** breath mints, and six food manufacturers, as well.



The largest cigarette manufacturer is **ROTHMANS**. Part of a world wide corporation, Rothmans is owned, indirectly, by a South African millionaire. In Canada his empire includes three breweries – Carling, O'Keefe, and Dow, four wineries – Jordan's, Villa, Chalet, and Grower's, also an Alberta oil and gas exploration firm.

Finally, there are **BENSON AND HEDGES**, and **MacDONALDS**. Benson and Hedges, a division of Phillip Morris, recently divested itself of Formosa Breweries. The American parent firm, however, still owns Miller Breweries in the U.S., and Australian winery, and several other companies.

MacDonalds, which until 1974 was a Canadian company, is now owned by R.J. Reynolds. It is a relatively small operation, controlling about 18% of the tobacco market, and several textile companies. In a bid for a larger share of the market, MacDonalds has recently launched a new brand, called Cavalier, with a one million dollar advertising campaign.

Advertising is a key factor in tobacco sales. The companies spent a combined total of about $20 million in 1974, which works out to about $3 per smoker per year in Canada, twice as much per capita as the U.S. companies spend on ads. Enough to ensure that Canadians rank second in the world in the number of cigarettes smoked per capita (just behind the U.S.). The smoke is thickest in Ontario and Quebec, where statistically, the average smoker consumes over 10,000 cigarettes a year – about 29 a day!

GOOD GUYS

If this begins to read like a melodrama, with the tobacco companies cast as the Bad Guys, and smokers and non-smokers alike as Innocent Victims, well, Take Heart! There are Good Guys too! The Good Guys in this fight are citizens' groups that have formed across Canada and the U.S., with acronyms like GASP, ANSR, and ASH. Despite small memberships and low budgets, these organizations have been fighting the million dollar publicity machines for the right to a cleaner indoor environment.

GASP, the Group Against Smokers' Pollution, is probably the best known of these lobbies. Founded in the United States several years ago, GASP is an official arm of the Tuberculosis and Respiratory Disease Association in Ontario. They have distributed over 100,000 buttons that say "GASP! Non-Smokers Have Rights, Too." Another 75,000 buttons have been given out marked with the international no smoking symbol, a burning cigarette inside a red circle with a diagonal bar through it.

Other groups are active from coast to coast. There is STOP (Society To

Please turn to page 12

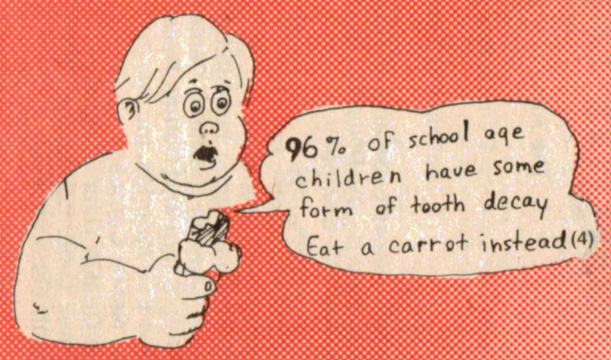
Ken Wyman is a Toronto journalist.

Roger Baker is a London artist.

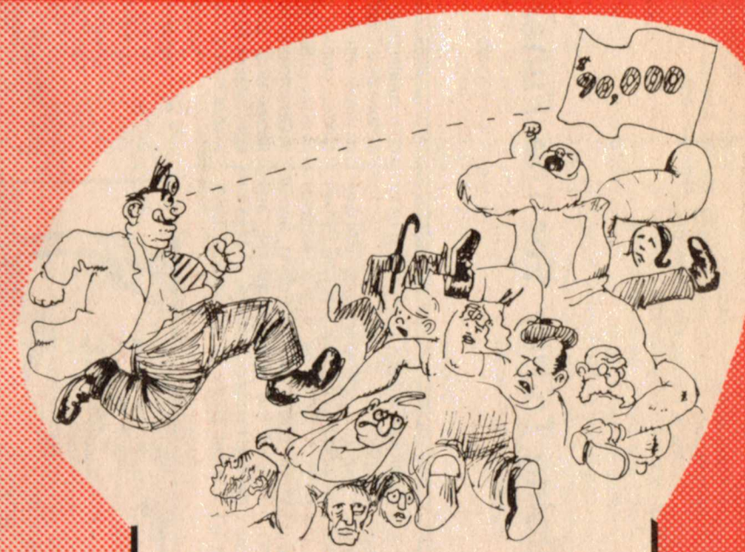
FACT SHEET NO. 1

PLEASE POST

HEALTH AMMUNITION



This page is dedicated to helping you back up your arguments with facts (of the hard and cold variety). Use it to help you raise awareness. Use it in debates with the establishment. Use it to give more power to your opinions. Use it as a poster for others to see. Send it to your friends and enemies. Stay tuned as we hope to print further editions in future issues.



Ontario Health Insurance Plan (OHIP) limits general practitioners to 300 patients per week or about $90,000 per year. (1)

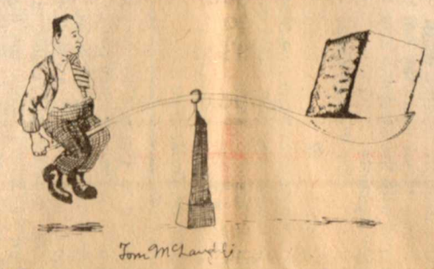
Many Eskimos, a considerable number of Indians and some of the general population, have vitamin C deficiency. The evidence includes clinical signs of vitamin C deficiency among Eskimos and low levels of vitamin C in the serum and in the diets of some of the general population. (10)

Study done by the medical profession on itself in Ontario: of patients polled –

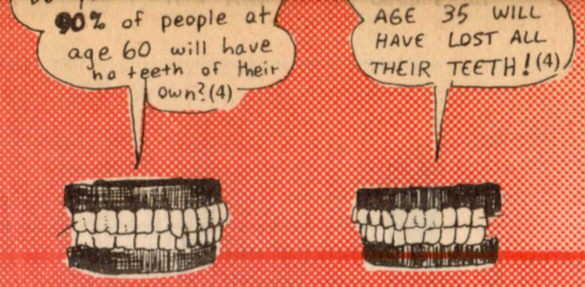
38.1% complained of poor service
24.5% complained of poor human relations
36.6% complained doctors don't make house calls
30.6% complained doctors didn't give enough time
29.3% complained doctors were too busy, disinterested, impatient, aloof, uncommunicative
over ¾ had serious complaints, one circumstance under which a company in a service industry competing with others would likely go out of business. (8)

Surgical rates in Canada (1968) were 1.8 times greater for men and 1.6 times greater for women than in England. Cholescystectomy rates were more than five times greater. The main determinants may be the differences in payment of health services and available hospital beds and surgeons. (14)

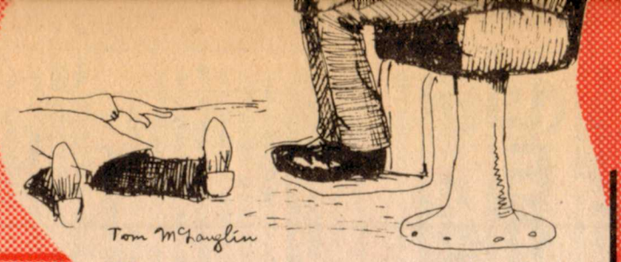
In 1967, the turnover rate for general nurses stood at 60% per year in public hospitals. For male nurses it was 47% and for hospital directors, managers and head nurses 17%. (15)



The average person consumes his weight in sugar each year or 1 teaspoon every 20 minutes, 24 hours a day, 365 days a year. (5)



The Tuskegee syphilis experiment - 600 blacks were denied treatment for syphilis so government doctors could study the disease in the human body. Some of the men were never told they had the disease and treatment was denied even after penicillin became available. The class-action suit, originally seeking $1.8 billion damages was brought by survivors of 600 Macon County black men who were used as human guinea pigs in the federal experiment which began in 1932 and ended in 1972. At least 28 have died as a direct result of syphilis and others have suffered severe nervous system damage, heart trouble and other ill effects. (7)



The average dentist dies five to seven years sooner than the average person (4)

During the 17th and 18th centuries, doctors who applied measurements to sick people were liable to be considered quacks by their colleagues. During the French Revolution, English doctors still looked askance at clinical thermometry. (14)

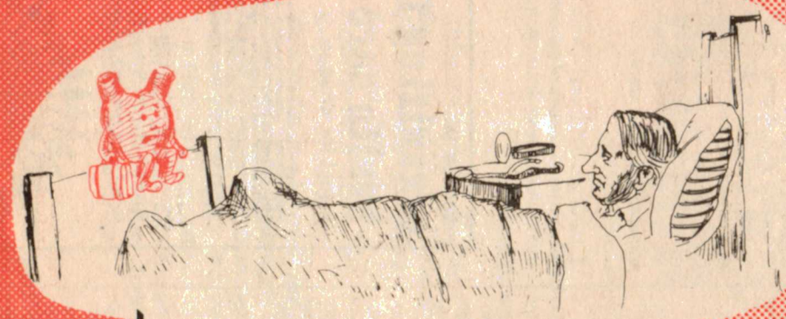
Hoffman-La,Roche — world's largest drug manufacturer
- -one share costs $45,000
- -responsible for ½ of world's sales of tranquilizers (even though there are 700 varieties)
- -made fortune through sales of Valium, the most commonly prescribed drug (11)
- -is being prosecuted by British Government for unjustly high profits – cost price $50 per kilogram, selling price $2,305 (Valium) (12)

Self-employed doctors earned net incomes of $39,555 in 1971 compared with an average of $6,089 for all other Canadian workers (9)

Health budget for Ontario (1974) was ⅓ ($2 billion) of the entire Ontario budget and was allowed only 10 hours of debate in the legislature. (6)

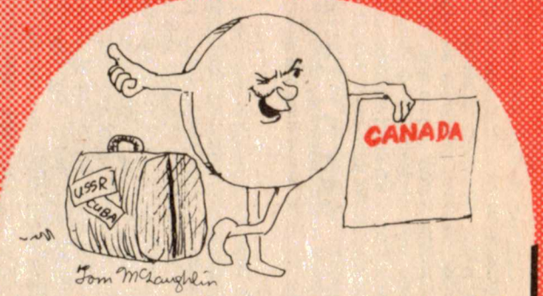
1,761 pieces of drug company nuisance mail per year (1970) per Canadian M.D., one detail man (salesman) for every 12 doctors, $1,060 per doctor per year spent by the drug companies on advertising (13)

Almost 25% of the doctors on the register (in Ontario) are not in active practice, but are in research, government and administrative work. (8)



Only 27% of heart specialists (cardiologists) surveyed would consent to heart transplant surgery if they had advanced heart disease with a poor outlook. (3)

A survey of 777 hospitals equipped for closed heart surgery revealed that 30% of the hospitals performed no heart surgery and of the remaining 548 hospitals where operations were made, 87% had less than one surgery case per week. (15)



In Cuba and the Soviet Union the birth control pill is not considered safe and therefore is not distributed. (2)

References:
(1) Medical Review Committee, College of Physicians and Surgeons of Ontario Bulletin, Vol. 1, No. 4, May 1/73.
(2) Science and Society 35:53, 1971, Medical World News Jan. 10, 1970
(3) Journal of the Medical Society of New Jersey, May 1968 p 223
(4) McGuire, Thomas, D.D.S., The Tooth Trip, Random House - Bookworks
(5) E. Cheraskin, M.D.
(6) Hansard, 1974
(7) Globe and Mail, Toronto, Dec. 16/74
(8) Special Study Regarding the Medical Profession in Ontario
A Report to the Ontario Medical Association by Edward A. Pickering
April 1973
(9) Department of National Health and Welfare
(10) Nutrition Canada Survey reviewed in Nutrition Today Jan-Feb 1974
(11) Fortune Magazine Aug. 71
(12) Medical Care Review, May 1973
(13) Hall Royal Commission on Health Services, 1964
(14) Illich, Ivan, Medical Nemesis, The Expropriation of Health, McClelland and Stewart, 1975
(15) Miguê, Jean-Luc and Bélanger, Gérard, The Price of Health, Macmillan, 1974

The Critical List is produced by practicing physicians and their friends in Toronto, Ontario. We solicit your financial and moral support.

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Toronto, Canada M5T 1B9

Continued from page 1

cologists) who do not treat patients, have never used the orthomolecular approach and who depend entirely on the dud double blind methodology.

However, when they attack on the basis of the toxicity of the vitamins, they suddenly drop all pretense of being scientific and will state as clinical fact the wildest conjectures upon laboratory studies. Thus, Dr. V. Herbert, on the basis of a very simple experiment, concluded Vitamin C will cause pernicious anemia. He placed Vitamin C in a container which had gastric juices in it with a test meal. He then measured Vitamin B-12 levels and found they were decreased by the Vitamin C. He then began to issue statements warning people not to use more than two grams of Vitamin C because they would develop Vitamin B-12 deficiency (pernicious anemia). He is not deterred by the fact that so far no patient on Vitamin C has ever developed pernicious anemia. I have used megadoses of Vitamin C since 1952 and many have taken it for over ten years. Not a single patient as far as I know has developed pernicious anemia, but then people do not vomit their stomach contents into a basin, add Vitamin C to it, and then after several hours, eat it. There is a vast difference between what happens in the beaker and in the stomach. For one, there is little oxygen in the stomach and a lot in the air in the beaker. Professor Linus criticized Herberts research on these grounds, pointing out that ascorbic acid can destroy amino acids but only in the presence of oxygen. However this will not deter Herbert.

No double blinds are demanded here. This is a beautiful illustration of a double standard used by cynical non clinicians. If you don't believe a compound is effective: demand double blinds to prove efficacy: do not believe double blinds which do support efficacy; emphasize every potential toxicity no matter how trivial it is even if its reaction has never occurred.

But, in spite of their cry that we should run more double blinds, so far not a single critic has repeated the original double blinds we did in Saskatchewan twenty years ago. This is evidence of their single-minded determination not to allow facts to interfere with their preconceived conclusions.

ORTHO MEANS RIGHT

Orthomolecular medicine has evolved. A large number of clinical scientists have participated in this evolution. There is no one person predominant. It is a creature of many. It is not a movement, nor a church. It has no founder (like Freud for psychoanalysis). It is a growing branch of medicine which will eventually be incorporated into establishment medicine. Orthomolecular medicine recognizes two basic biological facts: we are all unique individuals, anatomically and biochemically and so have different nutrient requirements; the optimum range of requirement is much greater than is generally recognized by most clinicians and nutritionists.

Orthmolecular treatment includes the following program:

1. Optimum nutrition. A nutritional history is taken and if it is not optimum, is corrected. The most common faults are excessive consumption of refined products such as sugar, white flour (bread) and other processed foods containing additives such as sugar, colour and so on; avoidance of breakfast; excessive intake of caffeinated and carbonated beverages.

Optimum nutrition also includes a recognition and avoidance of foods to which the patient is allergic. The most common offenders are dairy products, cereal grains and meats. The use of fasts for determining which foods a patient is allergic to will be discussed later on. A surprising number of patients have multiple symptoms because they continue to eat foods to which they are allergic.

2. Vitamins are used in optimum dosages which may vary from small doses to megadoses. The B vitamins, especially B-3 and B-6 are especially important in the treatment of schizophrenia, many perceptually disturbed and other conditions and for the major proportion of children and adolescents with learning or behavioral disorders.

DEPENDENCY

Because there may be a 1,000 fold variation in need, physicians have adopted a new term – vitamin dependancy. A vitamin deficiency exists when a person with average vitamin requirements consumes a diet which fails to contain these minimal quantities. I believe these standards are too low and are calculated to produce minimal health. They keep the killing diseases like pellagra and scurvy away. This is probably alright for those who are content to keep their level of health close to scurvy or pellagra. If, however, the vitamin requirement is much greater, then even a good diet will not supply the need. The end result is the same. The person will suffer the same type of deficiency. This is a vitamin dependancy. The biochemical error or problem is in the body and not in the diet. Vitamin supplements will be required.

I have reviewed the evidence which shows that a long prolonged deficiency may turn into a dependency. This has happened to a large number of Canadian soldiers kept in prisoner of war camps in the far east for 44 months. They have become Vitamin B-3 dependent.

I estimate that about 2/3 of acute and subacute patients are Vitamin B-3 dependent, about 1/3 are Vitamin B-6 dependent and a smaller proportion are Vitamin B-12 dependent. About 1/3 of the very chronic population are Vitamin B-3 dependent. As a rough guess I would estimate that about 50% of children with learning and behvioral disorders are B-3 dependent and about 25% Vitamin B-6 dependent.

3. Minerals. Mineral imbalances arise from excesses of essential elements like copper and iron, from too much of the toxic elements such as lead, mercury and cadmium and from deficiency of zinc, chromium and perhaps manganese. These imbalances are responsible for a proportion of the various psychiatric disabilities. They can be determined by serial hair analysis, by the urine test for kryptopyrrole (which indicates a need for zinc) and by a good clinical examination with special emphasis on the sense of taste and smell.

FOOD ALLERGIES

Allergies. One of the first to demonstrate the effect of food allergies on mood was Dr. Walter Alvarez. Since then a series of pioneer physicians including Drs. Randolph, Rinkel, Speers, Kaufman, Cott, Mandell and Philpott have demonstrated beyond any doubt that food and other allergies play an important role in causation of many psychiatric illnesses.

For the past year I have examined and treated over one hundred patients for allergies. They had not responded to treatment or had responded partially. When allergies were present there was a dramatic improvement and recovery when these allergic substances were removed from the patient's environment.

There are several ways of testing for food allergies. They include a fast which may run four to thirty days followed by special diets and by special food testing. Most four-day fasts are carried on at home. The longer fasts are hospital procedures.

Elimination diets are also used. Treatment consists in elimination of major food allergies and may include a four to seven-day rotation diet.

The idea that milk may be an hallucinogen for some is so novel it may be rejected out of hand. However, after one has seen patients develop visions and hear voices an hour after drinking milk, or drinking tomato juice and so on, there is no way it can be doubted.

Out of over one hundred chronic patients I have tested, over 2/3 have become normal as a result of an allergy program, but they also may be allergic to smoking, aspirin, fumes and so on. Dr. Ben Feinberg has made a very persuasive case that many hyperactive children are hyperactive to aspirin-type additives in food and to natural salicylates in some fruits.

Many patients have combinations of these problems. Thus one patient may require megadoses of vitamins with a reduction of sugar consumption. Another may require a dairyfree diet with minor supplementation with minerals such as zinc and with vitamins.

All other treatments used in psychiatry are used when indicated. They include tranquilizers, anti-depressants, relaxants, lithium and ECT. Generally, small doses are effective thus minimizing the harmful effect of these drugs, and it is possible to eventually get patients so well they no longer need any tranquilizers. They do appreciate this.

GOOD RESULTS

I will not describe in detail the results of treatment, except to point out that the proof of a recovery is the ability of a patient to function in a normal way. I, personally, know six schizophrenics who, having recovered, are now practising medicine and psychiatry. One of them was recently appointed clinical director of a large mental hospital in the U.S.A. I challenge anyone to demonstrate to me a series of physicians equally sick and who have recovered on standard tranquilizer therapy only.

Every physician who uses the orthomolecular approach obtains equally good results. They are shown in the table which follows (for schizophrenics):

Type of Patient	Duration of Treatment	Response
Acute and subacute	up to two years	90% recovery
Chronic		
(a) Vitamin dependent	up to five years	50% recovery
(b) Allergic	up to one year	75% recovery

The few negative experiments (chiefly those run in Montreal under auspices of the Canadian Mental Health Association) were totally inadequate and invalid since they made no attempt to repeat any portion of our original research and have not tried to repeat any of the current methods. They are as irrelevant to orthomolecular psychiatry as is the use of cupping in the treatment of tuberculosis.

Patient Page

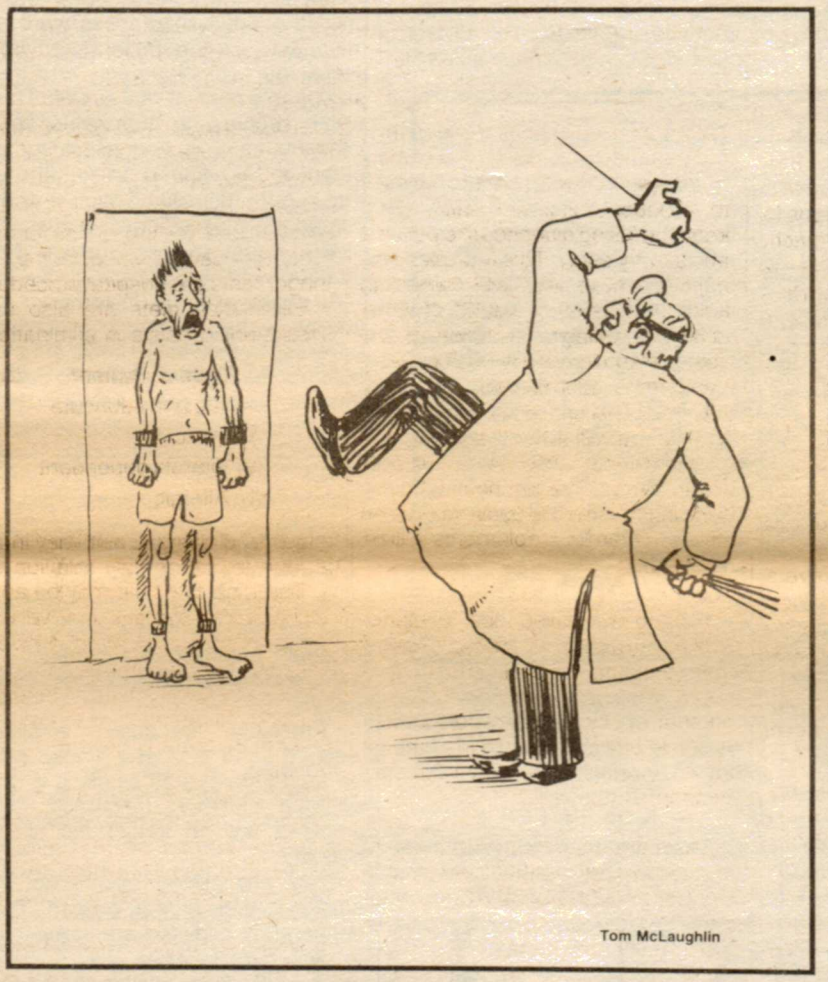
"Needle-Medicine and Me"

by Mildred Wyman

Five years ago, I was diagnosed as having rheumatoid arthritis, a devastating crippler, its origins lost in the sands of time. Occurring universally in babies and adolescents, men and women of all ages, and many kinds of vertebrate animals, it has also been found in the fossils of prehistoric mammals, as well as early man. There was no cure then – there is none now! Only a form of partial control exists in spite of drugs which occasionally appear amid hysterical messianic touting, and then, failing, disappear. Cortisone was hailed as the definitive cure 20 years ago, is now considered to be extremely dangerous. Researchers talk of gold salts and antimalarials and immunosuppressives, but they don't really know.

A conservative approach to treatment is advised. In plain talk this means, "Take your aspirin regularly 6 times a day, don't listen to old wives tales, and LEARN TO LIVE WITH IT."

Desperate for relief, I promptly began accepting every one of the "sworn-to by my friend's mother-in-law's cousin's aunt's" remedies. They sent me copper bracelets, a silver anklet, a hair amulet, a whale's tooth and even some snake-oil to rub into the afflicted joints. Mother called regularly every Reader's Digest day to announce the newest "miracle-drug" currently guaranteed to once and for all cure arthritis... Blithly ignoring the doctor's instructions about Witch Doctor medicine, I gratefully tried all of them, while the pain continued to spread and my misery increased – aspirins notwithstanding!



Tom McLaughlin

About this time news of acupuncture began to spread. Because of the first free exchange with China, a few doctors went there to study the ancient art of acupuncture. I began to make enquiries but couldn't find one medical man who would admit knowing any doctor practicing the art (craft? trade?). So ... back to my "friend's mother-in-law's cousin's aunt" and Eureka! Contact! I was given the name and telephone number of a Chinese Acupuncturist who had been practicing in Toronto for many years, on Elizabeth Street, in the heart of Chinatown, in the shadow of City Hall.

ANGUISHING MONTHS

It was one thing to find the acupuncturist, but quite another to get an appointment. Who was my referral? Was my ailment medically diagnosed? Each treatment would be $20 after the initial one of $25 payable in cash each visit ... no cheques ... no medical plans, and as I found out later, no receipts. In addition, there would be a waiting period of at least three months.

To my anguished protest that three months was too long because of present pain, the response was that if the pain left before the appointed time, I really did not need the treatments, and if it continued that long, I certainly did need them, so where was the point of dispute? With the help of Confucius an appointment was made, and for the next three months I continued to hope for a miraculous recovery. Being a pin cushion didn't appeal to me. Normally of a self-disciplined stoic nature, on acupuncture morning I was uptight. This is a neat way of saying I was scared silly.

Nothing in my experience had prepared me for the events of that morning. The clinic occupying one long narrow room was divided by a narrow table into a waiting room near the entrance, and a working area at the back. Chairs lined both walls of the front portion and in the back were a wooden table, two chairs, a sterilizer and three cots separated by plastic shower curtains.

GENTLE SCRUTINY

The examination was like none I'd had before this day. The doctor, with the most delicately gentle touch felt my pulse in several places on both wrists and hands. Carefully scrutinizing my eyes, ear lobes, tongue and fingernails, he commented continuously to his assistant who made a myriad of marks and notes on a miniature acupuncture chart. He briskly asked a number of questions through his interpreter, then motioned me toward one of the curtains. A woman was lying on the cot, face down, back porcupined with needles. Attached to the tip of each needle was a tiny clamp, its wire leading back through a maze of other wires to an electric vibrator, which stimulated the needles at selected speeds. Many clinics now use this type of electronic device, although the more traditional way is to spin and vibrate the needles by hand.

NO PROMISES

It was suggested that there should be a series of treatments set up – 3 a week for 3 weeks, 2 a week for 3 weeks, and once weekly after that. To my questions of "how long?" and "can you cure me?" I was cooly told that, "Needle-medicine makes no promises!" "Do I have to decide now?" "You decide now, we make appointments for whole time. You decide later, you wait 3 months again." Oh cute! I decided, and came back, and paid, and paid, and paid, until $525.00 unreceipted dollars later I decided acupuncture was not for me. During that time, I had 4 major attacks and several minor ones. Obviously it was doing me as little good physically as financially.

To be fair, I must, in retrospect, admit that a hostility to the whole process had grown in me from the time I first saw the grubby set-up. It may have been related to the shabbiness-bordering-on-grime of the place, or the cool unconcern of the attendants, or to the constant flow of patients in and out. Appointments were never prompt, so there was much time for comparing notes. One couple particularly drew me. She had been a charwoman since coming to Canada from the Ukraine, and he a labourer for the railroad. Parkinsons disease, a progressively disabling incurable palsy-like ailment forced his early retirement. They came 5 days a week for his treatments. Their retirement funds were being gnawed away, but still they came regularly always with hope. "Maybe to-morrow," she would say, "maybe to-morrow, my Stefan he feel better."

Many patients were being treated for deafness. That at least, was one area where a limit was set. If no cure was effected by 20 treatments, no more were suggested.

Admittedly there is another side to the coin. There were a number who claimed remarkable relief from migraine, low-back pain, stiff neck. One man drove in each week from Detroit for treatment of a back ailment, so pleased with the relief he's had that he takes weekly "preventive" treatments. One woman insisted that acupuncture had saved her marriage. She had been so "terribly nervous before, my husband wanted to leave me. I was impossible to live with, and now ... now nothing bothers me. I'm afraid to stop taking treatments."

Cure or not, the people continued to come, and I would sit there watching, listening, and counting the number of patients per hour and multiply that by tax-free dollars; with no receipts, our practitioner of "Needle Medicine" could and I'm sure did declare a nominal income. The practice of "Dollar-Medicine" has always offended me, no matter where practiced, so for me this was a bad scene, and I moved away from it.

DIVERTED DOLLARS

The Western World has investigated and guardedly admitted there is much validity to acupuncture and is supposedly concerned with training medical acupuncturists. Instead of this they should concentrate on the existing clinics and set up regulations to limit the activities of the "Acupuncture Quacks," who exist just as surely as do "Medical Quacks." Our medical men are, it would seem, not concerned with regulating the Chinese Acupuncturists, but would rather have them become known as quacks, charlatans and frauds, working out of dirty hideaways as though they were criminals, with a slightly shady reputation and not acceptable by OHIP. A lot of money finds its ways into the Chinese Acupuncturist's pockets that the Medical Establishment wants to divert into their own coffers, and will do if we let them. They would prefer that we do not know of the many good acupuncturists, and will not help us find them.

We need to open a door to the acupuncture problem and let fresh breezes blow in to replace the bad odor of my (and many others') experiences with acupuncture. We need standards set for licensing: proficiency, cleanliness, ethics of "cure-claims" and administration of drugs, which will cover all acupuncturists – oriental or occidental. We cannot continue to allow the C.M.A. and A.M.A. to practice their subtle, dollar-tinged racism, under the guise of "professional integrity."

Mildred Wyman is a free-lance writer of both fiction and non-fiction interested in writing health-related articles for laymen.

OUR LUNGS, YOUR SMOKE (Continued from page 7)

Overcome Pollution) in Montreal. And ANSR (Association for Non-Smokers' Rights) in Toronto, which has a number of 'sympathetic smokers' as members, on the Board of Directors.

The people in these organizations are winning battles, too. In North York, shoppers can be fined $50 for smoking in supermarkets now. In Edmonton and Toronto, smoking has been banned from city council meetings. In Quebec, courts ordered CN to pay $50 each to three non-smokers because regulations providing a non-smoking section on a train were not enforced, despite their insistence. In Toronto, 500 people lined up to eat at the 125 seat Mirabelle Restaurant when they had a special non-smokers' night. The combined public health departments of British Columbia and Vancouver financed a summer project publicizing the right of non-smokers to object. Finally, over one hundred Toronto taxi drivers request passengers not to smoke in their cabs.

THE DEADLY SIDESTREAM

Non-smokers object to 'second-hand' smoke because, as one Toronto organizer said, "the fumes are more than just annoying, they're dangerous."

Six times more smoke is emitted from the burning end of a cigarette than from the puffing end. This sidestream smoke, as it is called, is more hazardous. It contains fifty times as much ammonia. Five times as much carbon monoxide. Three times as much benzyprene, which may be a cause of cancer. Significantly more cadmium, which, experts report, may cause emphysema. And twice as much tar and nicotine.

The pollutants can reach astonishing concentrations, even though this sidestream smoke is diluted by spreading throughout an entire room. A NASA scientist calculates that a single cigarette smoked in a typical well ventilated office can raise the tar level in the air to 36 times the safety level in accepted clean air standards.

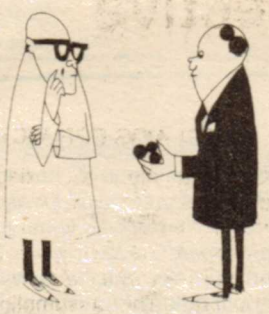
Nearly twice the danger level of carbon monoxide was recorded in another experiment. In the chair next to a person who had smoked seven cigarettes in one hour, in a ventilated room, there were concentrations of carbon monoxide of 90 parts per million. The danger level is 50 p.p.m.

Ten cigarettes were smoked in a car, during another experiment, and carbon monoxide reached the same dangerous level. The blood of both smoking and non-smoking passengers showed four times the normal level of carbon monoxide two hours later, and twice the normal level four hours later.

Blood clots can result from the nicotine that non-smokers inhale just from being near a burning cigarette. Other experiments show that the Vitamin C in your body is destroyed by chemicals in the smoke. In fact, smoking one cigarette neutralizes as much Vitamin C as you would get from eating a medium sized orange, about 25 milligrams.

KIDS SUFFER

Children are the most unfortunate



victims of cigarette smoke. Children whose mothers smoke are slower in school, and shorter than their classmates whose parents do not smoke, according to an English study. When both parents smoke, a child is twice as likely to get pneumonia or bronchitis before the age of one. Smoking during pregnancy increases the risk of death for the newborn infant by 24%, and substantially reduces birth weight.

Precisely because inhaling 'second-hand' cigarette smoke can be as dangerous as smoking itself, perhaps even more dangerous, non-smokers are no longer the silent majority.

They are asking people not to smoke in their homes or cars. The desperately addicted are requested to step outside when they need a quick puff. The non-smokers demand that the rules be enforced in no smoking sections on planes, trains and buses.

You can do it too. Take a stand. Speak out. Join a non-smokers' association. In numbers there is strength, and strength will be needed to get laws passed to ensure non-smokers' sections in movies, restaurants, sports arenas, offices, classrooms ... Maybe someday smoking will only be allowed in private, between consenting adults.

Vitamin C & Politics

Continued from page 3

is a part, showing how the system is unwilling to change in spite of overwhelming evidence and pressure, and the cost to the health of the people. What is not apparent is the control behind the scenes. As in any other sector of our society big business lurks behind the scenes. The drug industry has enormous control over the affairs of health. In every medical journal there are many two or three full-page colour advertisements urging physicians to prescribe various drugs. Why drugs? Profits! Profits are the focus of interest of these multinational corporations. Despite the fact that some of these pillars of society also manufacture vitamins, the game is such that profits are very high indeed on drugs. When a new drug is developed, a patent is obtained which gives the manufacturer the exclusive right to sell that drug at whatever price it decides on for 17 years. Without competition these prices remain high until other companies are allowed to manufacture the same product. This keeps the companies rich, and the sick people poor as well as sick. This whole process is impossible with vitamins as it is impossible for a patent to be secured on something that occurs naturally. Thus the drug companies must compete with many others in the sale of vitamins. No monopoly! No super profits!

As a pure exercise in greed: would you as a drug company executive advertise in medical journals or fund research to say that vitamin C could treat or prevent colds knowing that this would profoundly affect the sale of your prescription patented drugs (antihistamines, decongestants, antibiotics) for these same colds? Not if you wanted the industry's profits to remain higher than that of any other industry in the country! This is where the true control of the "Vitamin C Controversy" lies. Not so much in doctors' offices, or research laboratories, but in executive board rooms, where decisions are based on profits, not health.

SCIENCE AND POLITICS CAN'T BE SEPARATED

Since multinational corporations exist in all sectors of life, is it not possible that similar politics happen elsewhere? Is there nothing being done about mercury poisoning in native people because there is no danger, or to maintain Dow Chemical's profits? Did the CIA intervene in Chile to help the people, or protect North American corporate interests? The fact is that in our society, money talks, and the people that have it are the corporations. Therefore the corporations talk in such a way as to perpetuate their own interests with no regard for the individual. The "Vitamin C Controversy" is only one desperate example of this tragic fact.

Our political-economic system places the highest value on capital, money and material things with terrifying consistency. Our system is such that we cannot expect it to do otherwise. No amount of band-aid reform or modification can change what the system was constructed to do, but we should have the right to expect it to do otherwise – to reverse its priorities and to place the welfare of the people as the top priority.

"There are a thousand hacking at the branches of evil to one who is striking at the roots."

Henry David Thoreau 1858

"Loyalty to petrified opinions never yet broke a chain or freed a human soul in this world."

Mark Twain 1885

Alfred Hitchcock's cure for a sore throat: cut it.

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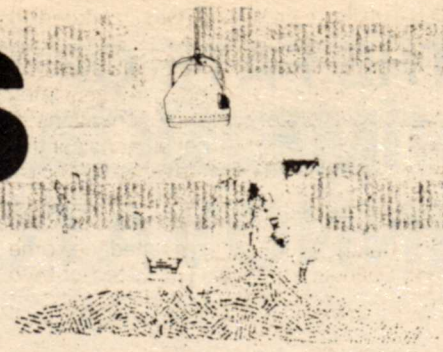


The Book Hunter

by
Beatrice Trum Hunter

WHY YOUR CHILD IS HYPERACTIVE,
by Ben F. Feingold, M.D. (Random House, 457 Madison Avenue, New York, New York 10022, 211 pages, hardcover, $7.95)

The hyperactive child combines excessive physical activity coupled with lack of concentration and learning difficulties. The problem is sometimes termed hyperkinesis-learning disability (H-LD); also minimal brain dysfunction (MBD); specific learning disability (SLD); "neurological handicap;" dyslexia; and a host of other terms. No one term describes these children accurately, but it is estimated that at least four, and perhaps as many as five million, in the United States alone, are afflicted with this problem in varying degrees, ranging from mild to uncontrollable states. Other untold hundreds of thousands, or even millions, of children throughout the rest of the world share the plight. To this number, already staggering, must be added the problems of parents, teachers, and others, in daily contact with these children, and having to cope, somehow, with aberrant behavior. An estimated 50 percent of the diagnosed cases of H-LD and MBD in America are on daily drugs as a matter of management. Is this the solution to the problem? No, according to Ben F. Feingold, M.D. an eminent allergist and pediatrician. Not only do the drugs fail to alleviate the problem, but they may **contribute** to it.

TURN OFF

Feingold has discovered that he can "turn on" or "turn off" the hyperactivity of these children merely by dietary management. By omitting all foods of salicylate derivatives, and food additives that produce the same effects (synthetic food dyes and flavorings) Feingold discovered that startling personality and behavioral changes took place in hyperactive children. They became calmer, more responsive, less distractable, able to cope, and to return to a normal home and school situation. All this was accomplished without drugs. When Feingold examined the drugs being administered to hyperactive children, he discovered that they contained the very constituents that triggered or increased hyperactivity: synthetic dyes and flavorings. Feingold does not condemn the use of drug management of hyperactive children but feels that "these medications should be used only as a last resort when everything else – certainly including diet – has been tried and has failed. Far too often, drugs are prescribed as a first measure."

JUNK FOOD

Feingold lists typical menus of Americans, and indicates the frequent presence of natural salicylates and synthetic food dyes and flavorings. "Moving through the sample menus or scanning along the shelves to avoid the additives is similar to skipping across a culinary minefield." Feingold notes that in the past 25 years, "the march away from the home kitchen has increased from a trickle to a tide, and moving with the human wall are convenience foods – bound together by the synthetic additives. Without them, the freezers would be bare; vending machines empty." Yet, for the hyperactive child, it is necessary to avoid all of the junk food, and the synthetic food dyes and flavorings contained in them. Feingold provides detailed information about how parents should arrange for proper diets for hyperactive children; how infractions must be dealt with; what menus, dishes and ingredients can be used, and what should be avoided. The book is invaluable for parents, educators, and physicians who need help in dealing with the hyperactive child.

In addition to synthetic food dyes and flavorings, other factors have been singled out as possible factors in producing hyperactivity. Lead poisoning and caffeine from a high intake of cola drinks have both been incriminated. Since each person has his own biological individuality that determines a pharmacological individuality, according to Dr. Bert N. LaDu, it is understandable that various substances, taken into the body from food, liquid, air or other environmental sources, may affect individuals differently. Each person possesses a unique body structure. This will determine how the individual will react to different substances.

SUGAR DISEASE

In the case of hyperactivity, another substance has now been incriminated: overuse of sugar. CAN YOUR CHILD READ? IS HE HYPERACTIVE? William G. Crook, M.D. (Pedicenter Press, Box 3116, Jackson, Tenn. 38301, 219 pages, references, index, softcover, $3.95) Dr. Crook, like Feingold, is a well-qualified pediatrician and allergist, who has worked with hyperactive children. Crook estimates that about half of all causes of MBD, SLD and hyperactivity in children is the result

Please turn to page 14

Beatrice Trum Hunter has been a strong advocate of natural foods for many years and has written The Natural Foods Cookbook, Consumer Beware and many others.

Same Lousy Canadian Perspective Disguised As New

by
Martha Peach and
Paul Dubé

A NEW PERSPECTIVE ON THE HEALTH OF CANADIANS
A working document, by Marc Lalonde, Minister of National Health and Welfare, Health and Welfare Canada (Government of Canada, Queen's Printer, Ottawa, Canada, 76 pages, English, 82 pages French, softcover, gratis, April 1974)

For the past few months, a federal government document has been making its way across the country. There has been very little public reaction, probably because it is an official government publication instead of an intriguing leak. The document will not make the best seller list, but if its contents are implemented, in present form, the impact on all Canadians who come in contact with the badge carrying "health expert" will be tremendous. Although you may not have seen this document, some of its contents are reflective of public statements made by the federal Minister of Health Marc Lalonde recently.

A GOOD LOOK

Perspective attempts to portray a new way of perceiving the health of Canadians and health problems. It is heartening to see that finally, the health profession is attempting to take a good long look at itself, based not on the usual elitist ad hoc approach, but on some hard thinking.

The stated objectives of *Perspective* are: 1) To reduce mental and physical health hazards for those parts of the Canadian population whose risks are high, and 2) To improve the accessibility of good mental and physical health care for those whose present access is unsatisfactory. They sound valid, but nebulous. Even in their present form, they can not be achieved through the proposals and statements made throughout the book. If the contents of this document are implemented as stated, health costs will not plateau or decrease, but rather will increase. Overly cumbersome existing bureaucracies become larger and we still will not be able to effectively reduce the occurrance of health problems that are peculiar to 1974 and the future. The 'new perspective' is really only a disguised version of the same perspective that health professionals employ today.

The book's stated and unstated assumptions form a very loose and questionable philosophical approach.

BAND AIDS FOR VICTIMS

For example, the document states, "*For these environmental and behavioral threats to health, the organized health care system can do little more than serve as a catchment net for the victims.*" This assumption, that the health care system can be concerned only with treatment, as opposed to prevention, is dubious. Treatment is prevention when the ailing person grows in ability to take care of his or her own health needs. This works well in practise in community women's health clinics across North America where treatment methods include teaching vaginal self examination when they come in with gynecological problems. By encouraging women to become comfortable examining themselves and to learn more about their bodies' physical functions, the health professional helps to demystify the traditional medical procedure. This process of teaching while treating allows a woman to understand more thoroughly why, for example, yearly pap smears are a necessity. This results, in the long term, in earlier detection of more serious problems, and thus a reduction in costly treatment for advanced problems. We can see that treatment and prevention are provided together.

This style of delivery of health care can also encourage dialogue between women in the clinical setting. As a result, women have become more in touch with their feelings about themselves and their environment. Many women's physical problems are directly related to conflicts that a woman experiences as she attempts to deal with her growing feelings about herself and her relationship to her environment. The health professional, in this setting, assists the woman to understand and start to deal with the basic factors that give rise to many of her health problems.

To make the assumption, as "A New Perspective on the Health of Canadians" has done, that treatment is different from prevention, in reality means that we can expect to see ever increasing health costs and no decrease in the number of health problems incurred. The document's assumption is in practice today. Few programs actively encourage and enable patients to learn more about their health and how to care for themselves.

In talking about the other areas of the "health field": the environment, lifestyles and human biology, other questionable assumptions are called

Please turn to page 14

Paul Dubé is presently an independent consultant in community and organizational development.

Martha Peach is a health professional currently completing her M.A. thesis in adult education.

THE FATE OF THE MEDICAL INNOVATOR

In 1847 Dr. Ignaz Philipp Semmelweis, M.D. suggested that if his fellow doctors washed their hands after leaving the dissecting rooms and before delivering babies, fewer women would die in childbirth...

Tom McLaughlin

... and the medical profession laughed for over forty years! And childbearing women (up to 75%) continued to die.

Book Hunter (Cont'd)

Continued from page 13

of adverse or allergic reactions to foods and chemicals. The foods most commonly involved are cow's milk, chocolate and cola drinks. In Crook's experience the carbohydrate foods, especially cane sugar, corn sugar, beet sugar and wheat, are common troublemakers. In addition, Crook writes: "I've treated other children who became hyperactive, irritable or fatigued when exposed to chemical fumes and smokes from a variety of sources, including tobacco, traffic fumes, plastics, room deodorizers, furniture polish, marking pens, spray insecticides and the like." Above all, Crook has found that the overuse of sugar is a major cause of hyperactivity in his patients. The common denominator of Feingold's and Crook's findings is junk food, since these are the items that contain many synthetic food dyes and flavorings, as well as high amounts of sugar.

In dealing with hyperactive children, Crook demonstrates an open mind and willingness to consider all approaches. He admits that "conscientious professionals have different and sometimes conflicting ideas about how children with hyperactivity and learning problems should be treated." He examines the use of drugs as well as megavitamin therapy, and presents pros and cons. He concludes that "since we do not have a perfect treatment for every child with hyperactivity and learning problems, I feel that professionals interested in these children should take an unemotional look at what other professionals are doing ... even if such an approach differs from their own." Crook's book, like Feingold's, will be useful for all persons who need help in dealing with the hyperactive child. Crook offers help in dietary changes, behavior modification, and tutorial help by parents. For the professional, Crook presents questionnaires and other practical systems for identifying and helping hyperactive, learning-disabled children.

116 QUEBEC M.D.'S BACK MARTYRED DR. MORGENTALER

116 French speaking Quebec doctors have signed a public admission that they have been involved in illegal abortions. This is an astounding response since only 1,000 doctors were approached. No forms were sent to English-speaking doctors because it is well known majority of them already favor repeal of the abortion law. The 116 forms were received despite a mail stoppage.

Professor Pierre Viens of the University of Montreal, spokesman for the 116 rebels said that the doctors were fed up with the situation facing women in Quebec. The doctors are obviously taking a great risk in their practices and personal lives as they could face charges under the Criminal Code of Canada as well as censure from their colleagues and friends.

It is obviously a motion of support for Dr. Henry Morgentaler who is presently in the slammer (despite a recent heart attack) and is being prosecuted for performing a second allegedly illegal abortion. Morgentaler has been subjected to continuing debilitating harassment by the Federal and Provincial governments for his stand on a woman's right to choose and cruel and inhuman abortion laws.

It is refreshing to see doctors risking imprisonment in order to take a stand on this important social issue.

Canadian Perspective (Cont'd)

Continued from page 13

into play. *Perspective* assumes that an individual's behavior is governed by himself with little input from his social environment. It also assumes, contrary to most current learning theories, that attitudes and behavior can be changed by didactic measures (i.e. value oriented information programs). It is possible to analyze the stated action proposals and their assumptions to show that their enactment would be counter productive to the document's objectives. In addition, these assumptions are, in fact, solidly entrenched in the existing style and activity of today's health professionals.

NO REACTION

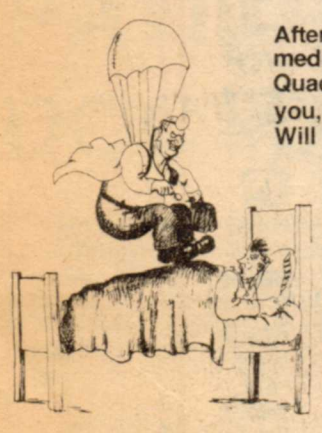
Unfortunately, people usually do not react to government publications such as this. Although it is called a working paper, "A New Perspective on the Health of Canadians" has already shaped the national policy orientation. The concept has been endorsed by the provincial Ministers of Health, though there has been little evidence that they have critically examined the basic assumptions.

It is not too late to question the basis on which this book rests. Provincial and local health providers have yet to adopt the document on a programming level.

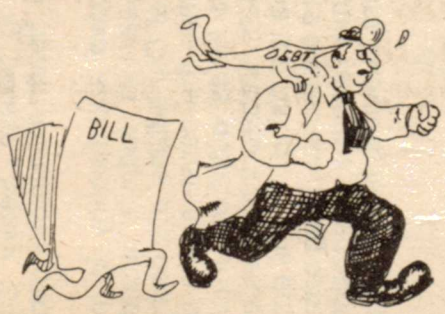
A new set of assumptions are needed to meet the objectives of the document. The consumer, disturbed about the size of his tax dollar, must call for this examination, before he is required to pay high taxes for programs based on methods which, in the past, have failed to reduce health problems and service costs.

"It's The System..."

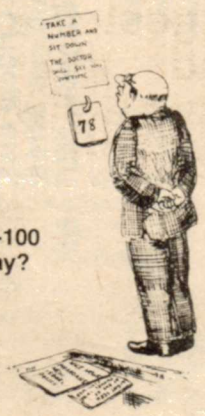
By Tom McLaughlin & Jerry Green, M.D.



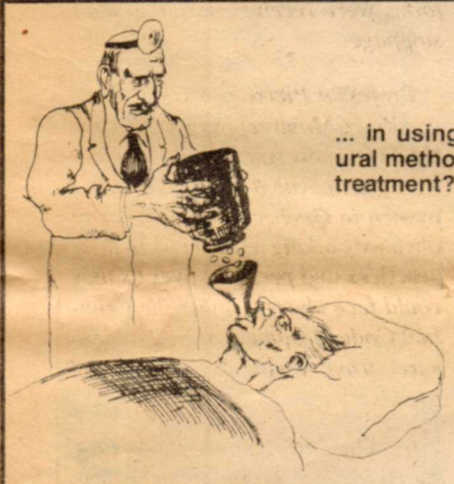
After 7 to 20 years of medical school, Dr. Quack is let loose upon you, the patient.
Will his interest lie ...



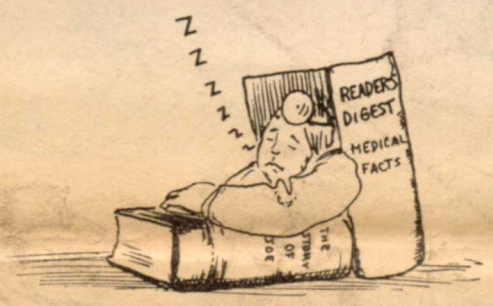
... in paying his debts from medical school?



in seeing 40-100 patients a day?

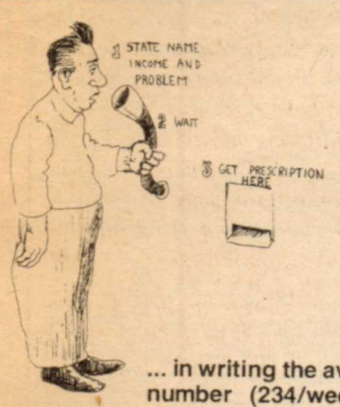


... in using simple natural methods of treatment?



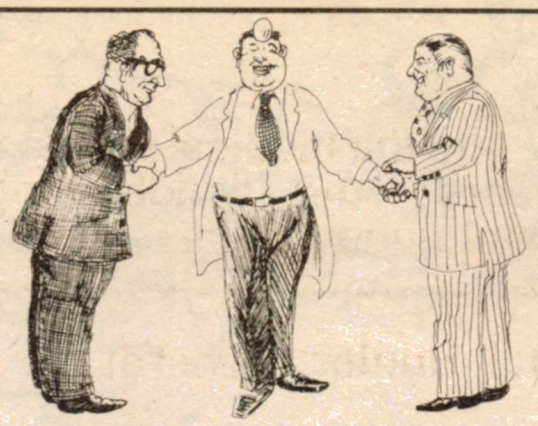
... in keeping up to date?

... in spending time to work out your problems?

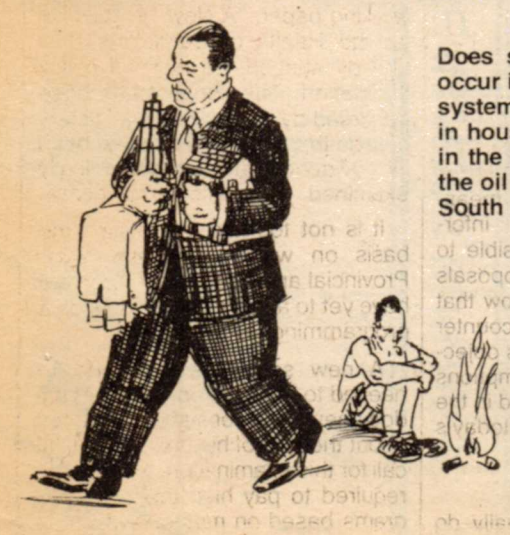


... in writing the average number (234/week) of prescriptions directed at symptoms?

Does he really act in your interest?
If so, then why did the Pickering Report show so much dissatisfaction? (over ¾ of patients had serious complaints)



Does he act alone? Nope.
He has his friends in the drug companies (1 salesman for every 12 doctors). He has his friends in government (the introduction of government health insurance skyrockets doctors' incomes).
Together they act.



Does self-interest only occur in the health care system? Nope. It occurs in housing, in clothing, in the food industry, in the oil industry, in South Africa.

THEN HEALTH IS ONLY ONE EXAMPLE.

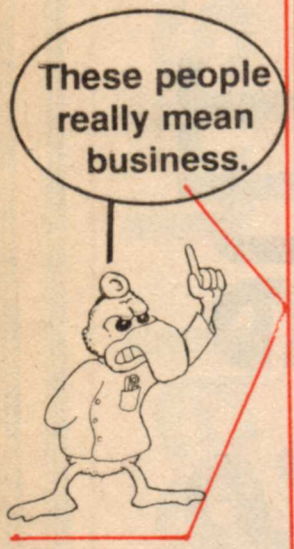
IT'S THE SYSTEM THAT'S AT FAULT.

Tom McLaughlin is a former orderly and a member of the Toronto Liberation School collective.

Jerry Green is a Toronto physician.

Dr. Quack
has a lot to worry about from

The Critical List



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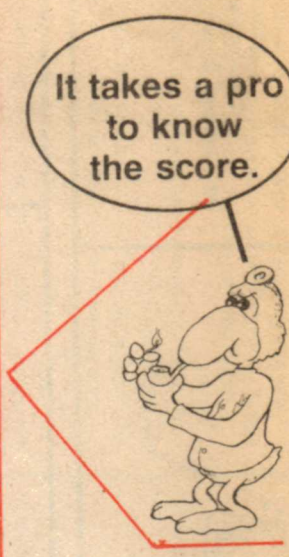
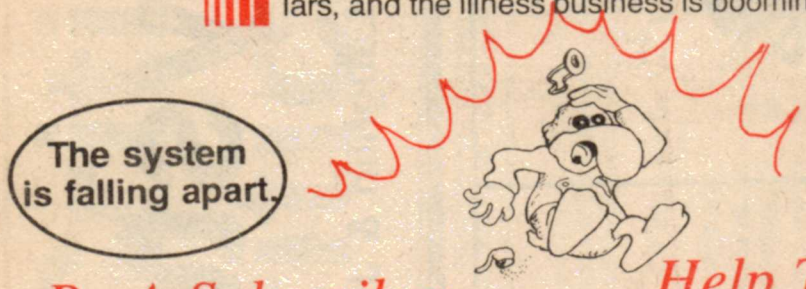
Just staying alive and healthy is increasingly complex in today's world. Large numbers of Canadians are badly malnourished, while the consumption of highly processed foods outpaces fresh produce in our diets. Deaths from cancer and heart disease are rising. V.D. is epidemic. Health care costs soar. Drug companies' profits climb. Disease means dollars, and the illness business is booming.





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